

OIL CONSERVATION DIVISION
P. O. BOX 2044
SANTA FE, NEW MEXICO 87501

REVISED 10-1-70

RECEIVED BY

AUG 15 1984

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL	<input checked="" type="checkbox"/>
TRANSPORTER	NATURAL GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
PRODUCTION OFFICE		<input checked="" type="checkbox"/>

Operator
Cibola Energy Corporation ✓

Address
P. O. Box 1668, Albuquerque, New Mexico 87103

Reason(s) for filing (Check proper box)
 New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
 Recompletion ☒ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☐

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Mabel	Well No. 1	Pool Name, including Formation LE Ranch San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
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Location
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East
Line of Section 30 Township 10S Range 28E , NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P. O. Box 169, Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Pecos River Gas Plant, Ltd	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4000, The Woodlands, TX 77380
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>30</u> Twp. <u>10S</u> Rge. <u>28E</u>	Is gas actually connected? <u>yes</u> When <u>10/08/83</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X) <u>X</u>	Oil Well <input checked="" type="checkbox"/> Gas well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input checked="" type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 7/16/84	Date Compl. Ready to Prod. 7/18/84
Elevations (DF, RAB, RT, GR, etc.) 3745	Name of Producing Formation San Andres
Perforations Open hole 2195-2258	Total Depth 2258
	Top Oil/Gas Pay San Andres 2195
	Tubing Depth 2064'
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"	330'	150 sx Class C 2% Ca
8"	4 1/2"	2195'	250 sx self stress
	2 3/8	2064	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7/18/84	Date of Test 7/21/84	Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hours	Tubing Pressure 175#	Casing Pressure 1/8
Actual Prod. During Test	Oil - Bbls. 260	Water - Bbls. 150 approx

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Karen Ogar
(Signature)
Drilling Secretary
(Title)
August 14, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 17 1984, 19
BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.