Sing of No. 2 Monar nergy, Minerais and Natural Resource Dep

F.O. BUX LUU! Santa Fe, New Mexico 87504-2088

Resture :- 1.5 See Instructions
at Hottom of Page

P.O. Drawer DD, Anena, NM 88210

Amin of the Onice F.O. 1983, 1989, Hoobs, NM, F. 747

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

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TO TRANSPORT OIL AND NATURAL GAS Operator Cibola Energy Corporation Address PO Box 1668, Albuquerque, NM 87103 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of New Well Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation Lease Name State, Federal of Fee LE Ranch San Andres Mabel Location (ole [) Feet From The . Line and Unit Letter _ Chaves County NMPM, 105 28E Range 30 Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate X PO Box 1188, Houston, TX 77251-1188 Enron Oil Trading & Transportation Co. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔲 Rge. Is gas actually connected? | Unit When ? Sec. Twp. If well produces oil or liquids, give location of tanks. H **I** 30 l 10sl 28E If this production is commingled with that from any other lease or pool, give commingling order number IV. COMPLETION DATA Oil Well | Cas Well | New Well | Workover | Deepen | Plug Back | Same Res v Diff Res'v Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE 0st ID-3 5-11-90 Post cha LT: PER V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Actual Frud Dunng Test Oil - Bbls **GAS WELL** Gravity of Condensate Bbls. Condennate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) lesting Method (puot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation 9 1990 Division have been complied with and that the information given above MAY is true and complete to the best of my knowledge and belief Date Approved _ jarth ORIGINAL SIGNED BY MIKE WILLIAMS Signature Martha Hensley SUPERVISOR, DISTRICT IT

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

5/2/90

Printed Nam

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

505/843-6762

Title

Telephone No

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.