	NO. DF COPIES RECEIVED	1		
	DISTRIBUTION	NEW MEXICO OIL CONSERVATION C AISSION Form C-104 REQUEST FOR ALLOWABLE 1 Supersedes Old C-104 and		
	SANTA FE /			Supersedes Old C-104 and
	FILE	7	AND	RECEIVED 1-1-65
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	_ _
	LAND OFFICE	i de la companya de		
	TRANSPORTER OIL /			PR 0 8 1981
	OPERATOR I	†	(D. C. D.
1.	PRORATION OFFICE	1	ART	ESIA, OFFICE
1.	Operator			
	Cibola Energy Corporation / (formerly Coronado Exploration Corporation.)			
	Address 1005 Marquette NW Albuquerque, New Mexico 87102			
	Reason(s) for filing (Check proper box		Other (Please explain) (Change name of operator
	New Well	Change in Transporter of:		ploration Corp. to
	Recompletion OII Dry Gas Cibola Energy Corporation			-
	Change in Ownership	Casinghead Gas Conde	ensate	
	If change of ownership give name and address of previous owner			
**	DESCRIPTION OF WELL AND	I FASE		
11.	Lease Name	Well No.: Pool Name, Including I	j.	_
	Mabel	2 I E Ranch	SA State, Fede	al or Fee Fee
	Location	<u> </u>		
	Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East			
	Unit Letter;;	reet from the	1 001 101	
	Line of Section 30 Tox	waship 10S Range	28Е , ммр м, Cha	ves Coun
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
	Nome of Authorized Transporter of Oil A or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Navajo Crude Oil Purchaser Co. N. Freeman Ave. Artesia, NM 88210			
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	hen
	give location of tanks.	H 30 10S 28E		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'r. Diff. Re			
	Designate Type of Completion			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded	Bute Coaspin ricoary to ricoar		
	EL TOP BYD DT CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Committee	100 02, 022	
				Depth Casing Shoe
	Perforations			
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE			
		Ì		i
•••	TEST DATA AND REQUEST FO	OP ATTOWARTE (Test must be a	after recovery of total volume of load of	l and must be equal to or exceed top al
	able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	ifi, etc.)
				1
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Pred. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF
			1	
	GAS WELL		In the second se	Gravity of Condensate
í	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grand or Contained
			Cosing Pressure (Shut-in)	Choke Size
İ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		
Į			1 200 200 200	ATION COMMISSION
VI.	CERTIFICATE OF COMPLIANO	CE CONTRACTOR	OIL CONSERVATION COMMISSION	
			JUL 1 5 1981	

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

(Signature)

Production Secretary (Title)

April 7, 1981 (Date)

APPROVED BY.

SUPERVISOR, DISTRICT H

TITLE _

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for alle able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of own-well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multipoleted wells, with

APR 2 1881

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