

REGISTRATION	☒
ARTESIA	☒
TRANSPORTER	☒
OPERATION	☒
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OIL CONSERVATION DIVISION
P. O. BOX 2011
SANTA FE, NEW MEXICO 87501

RECEIVED BY

OCT 19 1983

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Cibola Energy Corporation

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

Reason(s) for filing (check proper box)

Oil Well	☐	Transporter of:	☐
Completion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☒
		Dry Gas	☐
		Condensate	☐

Other (if least explain)

Change of ownership, give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Mabel	2	LE San Andres	State, Federal, or ☒ Reg.	

Unit Letter	H	1980 Feet From The North	Line and	660	Feet From The East
Line of Section	30	Township	10S	Range	28E
				N.M.P.M.	Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	P. O. Box 159, Artesia, New Mexico					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Pecos River Gas Plant, Ltd	P. O. Box 4000, The Woodlands, TX, 77380					
Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	H	30	10S	28E	yes	10/08/83

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New well	Workover	Deepen	Plug back	Some heavy	Diff. heavy
	X							
Date Drilled	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviations (DF, HLB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	San Andres		Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
ON 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)

Actual Flow - Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Actual Flow - Gas	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow - During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

CAS WELL

Actual Flow - Gas - MCF/D	Length of Test	Depth - Cement/MCF	Gravity of Condensate
Actual Flow - Oil - Bbls/D	Tubing Pressure (2500-15)	Casing Pressure (2500-15)	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 is true and complete to the best of my knowledge and belief.

Laraine Ariza
(Signature)

Production Secretary

10/14/83

(Title)

(Date)

OIL CONSERVATION DIVISION

OCT 21 1983

APPROVED _____, 15

BY *Leshia A. Clements*
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 Form C-104 must be filed for each pool in multiply completed wells.