

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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NOV 12 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA OFFICE

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	7
FILE	1
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	1
PRODUCTION OFFICE	

Operator
Cibola Energy CorporationAddress
P.O. Box 1668, Albuquerque, New Mexico 87103

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

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CASINGHEAD GAS MUST NOT BE
FLARED AFTER 1-2-81
UNLESS AN EXCEPTION TO
IS OBTAINED
E & H 2-587
NOV 30 1981
O. C. D.
ARTESIA OFFICEIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Mona	1	Race Track San Andres	State, Federal or Fee Fee	
Location				
Unit Letter	N	: 660 Feet From The South Line and 1980 Feet From The West		
Line of Section	7	T. 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"/>	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 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	7	10S	28E		

If 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 Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3-30-81	9-8-81		2261					
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3799.1 Gr.	San Andres		2240					
Perforations					Depth Casing Shoe			
2240-2245					2261			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8" 24#	366'	125 sx Class C Cmt 2%CaC
8"	4 1/2" 9.5#	2261'	75 sx Class C Cmt 2%CaC
	2 3/8" 4.5#	2261'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-14-81	9-23-81	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	N/A	N/A	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	6	2	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
TSTM			
Testing Method (prior, 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.

Drilling Secretary

November 8, 1981

OIL CONSERVATION DIVISION

APPROVED DEC - 1 1981

BY W. A. Gressitt
SUPERVISOR, DISTRICT II

TITLE

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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.