

RECEIVED

OCT 15 1981

C. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Operator Cibola Energy Corporation ✓	
Address P. O. Box 1668, Albuquerque, New Mexico 87103	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>12-1-81</u> UNLESS AN EXCEPTION TO <u>Rule 306</u> IS OBTAINED By # <u>2-581</u>
Change In Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Plains "29"	Well No. 1	Pool Name, Including Formation LE Ranch SA	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>North</u> Line of Section <u>29</u> Township <u>10S</u> Range <u>28E</u> , NMPM, <u>Chaves</u> County				

## III. 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 Co.	Address (Give address to which approved copy of this form is to be sent) 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 D	Sec. 29	Twp. 10S	Rge. 28E	Is gas actually connected?	When

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-21-81	Date Compl. Ready to Prod. 10-8-81	Total Depth 2226'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3732.2 Gr.	Name of Producing Formation LE Ranch SA	Top Oil/Gas Pay 2210	Tubing Depth 2200'					
Perforations Open Hole 2210-2226'	Depth Casing Shoe 2210							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10"	8 5/8"	320'	150 sks Class C Cement					
	7"	2210'	60 sks Class C Cement					
	2 3/8"	2200						

## V. 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 9-9-81	Date of Test 9-8-81	Producing Method (Flow, pump, gas lift, etc.) Pump	Choke Size 10-20-21
Length of Test 24 hours	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 2	Gas - MCF TSTM

## GAS WELL

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

## VI. 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

October 12, 1981

## OIL CONSERVATION DIVISION

APPROVED OCT 30 1981

BY W. A. Gussett  
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 filled for each pool in multiply completed wells.