

MINERALS DEPARTMENT

APPROVED	
DATE	
BY	
OFFICE	
TRANSPORTER	☒
WATER	☒
OPERATION OFFICE	☒

OIL CONSERVATION DIVISION
P. O. BOX 2068
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
OCT 19 1983
O. C. D.
ARTESIA, OFFICE

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

Use for filing (Check proper box)	Add	Other (Please explain)
Well ☐	Transporter of:	
Completion ☐	Oil ☐	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☒	Condensate ☐

Range of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Plains 29	1	LE ^{Kzech} San Andres	State, Federal or <u>Fed</u>	

Location: Unit Letter D : 660 Feet From The North Line and 660 Feet From The West

Line of Section 29 Township 10S Range 28E , NMPM, Chaves County

SIGNATURE 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
Well produces oil or liquids, or location of tanks.	Is gas actually connected? When
Unit <u>D</u> Sec. <u>29</u> Twp. <u>10S</u> Rge. <u>28E</u>	yes 10/08/83

If 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 ☐	Same Resrv. ☐	Diff. Resrv. ☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Various (DF, KEB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Corrections	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 - 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)

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

TEST WELL

Is First New Oil Run To Tanks	Length of Test	Units Condensate/MCF	Gravity of Condensate
Producing Method (Flow, pump, gas lift, etc.)	Tubing Pressure (Bbls-in)	Casing Pressure (Bbls-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 is true and complete to the best of my knowledge and belief.

Karen Azar
(Signature)
Production Secretary
(Title)
10/14/83
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 21 1983, 19

BY Leslie A. Clements
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 condition.

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