Appropriate Daina U ice DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Aneria, NM 88210

Commercial Marco 3. Minerals and Natural Resources Departm

OIT COURT, AUTION DIVISION

P.U. Box Zubi Santa Fe, New Mexico 87504-2088 RECEIVED

وهروري عيوانات at hottom of Pa

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION MAY - 7'90TO TRANSPORT OIL AND NATURAL GAS Well API No. 62876 Operator Cibola Energy Corporation 311-115 PO Box 1668, Albuquerque, NM 87103 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation State, Federal of Fee Plains 29 LE Ranch San Andres Location N Line and 660 Feet From The _ Feet From The _ Unit Letter _ Chaves Range 28E , NMPM, County 10S Section 29 Township

III. DESIGNATION OF TRAN	SPORTE	R OF OI	L ANL	NATU	KAL GAS						
Name of Authorized Transporter of Oil					Address (Give address to which approved copy of this form is to be sent)						
Enron Oil Trading	& Tran	sport	atio	n Co.	PO B	ox 1188				<u> 11-1188</u>	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	Is gas actually connected?		When	?			
give location of tanks.	$i \mathcal{D} \perp i$	29			NO			<u></u>			
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA											
	~~	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Refv	
Designate Type of Completion		<u></u>	!		Total Domb	<u> </u>	L	1	<u> </u>	_ii_	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			

Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE ost ID-3 5-11-90 cha LT: PER

Top Oil/Gas Pay

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls Actual Frod During Test

GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) lesung Method (puot, back pr.)

VL OPERATOR 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 as true and complete to the best of my knowledge and belief

Terk Martha Hensley, Printed Name 505/843-6762 5/2/90 Telephone No.

OIL CONSERVATION DIVISION

9 1990 MAY Date Approved _ ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IT Title_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.