

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 14 1982

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|----------------------|--|
| VEHICLE REGISTRATION | |
| SALES TAX | |
| PROPERTY TAX | |
| LAND OFFICE | |
| TRANSPORTER | |
| OPERATOR | |
| REGISTRATION OFFICE | |

Cibola Energy Corporation ✓

Address

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

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER well Rite
UNLESS AN EXCEPTION TO
IS OBTAINED NFO # 2-639

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|---------|
| Lease Name Whitney | Well No. 2 | Pool Name, Including Formation Wildest Penrose <u>Wild Queen</u> | Kind of Lease State, Federal or Fee FEE | Lease # |
| Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>2100</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>10 S</u> Range <u>27 E</u> , NMPM, <u>Chaves, NM</u> County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--|---|------------|-------------|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2256, Wichita, KS 67201 | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A | Address (Give address to which approved copy of this form is to be sent) N/A | | | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 34 | Twp. 10S | Rge. 27E |
| | Is gas actually connected? | | When | |
| | No | | N/A | |

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 <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"/> | Same Res'v. <input type="checkbox"/> | Diff. Fr. <input type="checkbox"/> |
| Date Spudded May 12, 1981 | Date Compl. Ready to Prod. February 15, 1982 | | Total Depth 2076' | | P.B.T.D. 1320' | | | |
| Elevations (DF, RKB, RT, CR, etc.) 3799.4 Gr | Name of Producing Formation Penrose | | Top Oil/Gas Pay 1004' | | Tubing Depth 1000' | | | |
| Perforations 1004' - 1010' 2 shots per foot, .39 jumbo jet. | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|-------------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 10" | 8 5/8" 20# | 242' | 175 sx Class C cmt. |
| 7" | 7" 23# | 1465' | 100 sx + 50 sx squeeze. |
| | 2 7/8 | 1000 | |

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 February 21, 1982 | Date of Test August 30, 1982 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours. | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 2 barrels fluid | Oil-Bbls. 2 barrels oil | Water-Bbls. -0- barrels water | Gas-MCF -0- MCF |

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 |

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.

Naomi J. Jones
(Signature)

Production Secretary
(Title)

August 31, 1982
(Date)

OIL CONSERVATION DIVISION

OCT 19 1982

APPROVED _____, 19

BY _____ Original Signed By

Leslie A. Clements

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.