P.O. Drawer DD, Annua NR \$5210

## OIL CONSERVATION DIVISION

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P.O. B. . 1723

Santa Fe, New Mexico 87504-2086

RECEIVED

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		RANSPORT OF					MAY -	7 '90		
Operator			L MID III	TOTAL		API No.				
Cibola Energy C	orporation	· · · · · · · · · · · · · · · · · · ·		<del></del>	3	0-005	-80	796		
Address PO Box 1668, A1	buquerque,	NM 87103								
Research(s) for Filing (Check proper box)			Ou	her (Please exp	lain)					
New Well Recompletion		e in Transporter of:  XX  Dry Gas								
Change in Operator	Casinghead Gas									
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	ANDIFASE	1,1:0/	+ C.	11						
Lease Name	Well No. Pool Name, Including F						of Lease No.			
Whitney	2	-Chaves	Und Gr	oup 1	State	, Federal or Fe				
Location	: 1981	Feet From The	5	e and <u> </u>	<i>t</i>	_	E			
Unit Lener		rea from the		c and <u>~//</u>	<i>22)</i> F	ect From The		Line		
Section 34 Townshi	ip 10S	Range 27E	<u>, N</u>	MPM,	Chaves			County		
III. DESIGNATION OF TRAN	SPORTER OF	OIL AND NATI	IRAL GAS			•				
Name of Authorized Transporter of Oil	X or Con	densate		ne address so wi	uch approved	copy of this j	orm is to be s	ens)		
Enron Oil Trading Name of Authorized Transporter of Casin	PO Box 1188, Houston, TX 77251-118  Address (Give address to which approved copy of this form is to be sent)									
Traine of Authorized Transporter of Cash		or Dry Gas	Address (Gav	e address to wi	uch approved	copy of this f	orm is to be s	eni)		
If well produces oil or liquids, give location of tanks.	Unit Sec.		ls gas actual)	y connected?	When	?		<u> </u>		
If this production is commingled with that	from any other lease	10S 27E	N(							
IV. COMPLETION DATA		or pace, give carining	itag otoer numi	<u> </u>		<del>-</del>	<del></del>	_		
Designate Type of Completion	Oil W	eli Gas Well	New Well	Workover	Deepen	Ping Back	Same Res'v	Diff Rerv		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		<u> </u>	P.B.T.D.	<u> </u>			
	-		•			F.B.1.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Cas Pay			Tubing Depth				
Ferforations				Depth Casing Shoe						
							g Salox			
10 E 075	1	CEMENTING RECORD								
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET			SACKS CEMENT  POST I D-3				
						5-11-90				
	•			cha LT: KOC						
V. TEST DATA AND REQUES	T FOR ALLOV	VABLE	<del></del>				<del></del>			
OIL WELL (Test must be after re		e of load oil and must					or full 24 hou	rs) ·		
Date First New Oil Run To Tank	Run To Tank   Date of Test				Producing Method (Fiow, purp, gas lift, etc.)					
Leogth of Tes	Tubing Pressure	Casing Pressur	π		Choke Size					
	·	<u> </u>								
Actual Frod. During Test	Oil - Bbis			Water - Bbls			Gas- MCF			
GAS WELL	1					<u> </u>		<del></del> ,		
Acual Fred Test - MCF/D	Length of Test	Bbls Condearste/MMCF			Gravity of Condensate					
exing Method (puot, back pr.)	Tubing Pressure (Sh	uii-sn)	Casing Freezen	e (Shut-in)		Choke Sue				
VL OPERATOR CERTIFICA	ATE OF COM	PLIANCE								
I hereby certify that the roles and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Envision have been complied with and that the information gives above at true and complete to the best of my knowledge and belief				Data Approved MAY						
$m_1 + 1$	1/0	0	Date	Approved						
Some IV alle Mensley				By ORIGINAL SIGNED BY						
Martha Hensley, Clerk				By MIKE WILLIAMS SUPERVISOR, DISTRICT IT						
Fristed Name Take 5/2/90 505/843-6762					LITAISO	m, DISTRI	UI II	•		
Date		lephone No.		• • • • • • • • • • • • • • • • • • • •	- me Ti	10,146.00				
			1							

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 with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells
- 3) Fall 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