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Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

MAY - 8 1992

O. C. D.

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

|  |                      |  |
|--|----------------------|--|
| Operator<br><b>PUEBLO OPERATING</b>  |                      | Well API No.   |
| Address<br><b>P.O. BOX 8249 ROSWELL, NEW MEXICO 88202</b>  |                      |  |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/><br>Recompletion <input type="checkbox"/> Change in Transporter of:<br>Change in Operator <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                      |  |
| If change of operator give name and address of previous operator <b>CIBOLA ENERGY CORPORATION P.O. BOX 1668 ALBUQUERQUE, NM 87103</b>  |                      |  |
| <b>II. DESCRIPTION OF WELL AND LEASE</b>   |                      |  |
| Lease Name<br><b>J.P. WHITE D</b>  | Well No.<br><b>7</b> | Prod Name, Including Formation<br><b>RACE TRACK SAN ANDRES</b> |
| Kind of Lease<br>State, Federal or Fee <input checked="" type="radio"/>  |                      | Lease No.  |
| Location<br>Unit Letter <b>D</b> : <b>330</b> Feet From The <b>NORTH</b> Line and <b>990</b> Feet From The <b>WEST</b> Line<br>Section <b>20</b> Township <b>10S</b> Range <b>28E</b> , <b>NMPM</b> , <b>CHAVES</b> 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"/><br><b>PUEBLO PETROLEUM, INC.</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. BOX 8249 ROSWELL, NM 88202</b> |
| 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   Sec.   Twp.   Rge.   Is gas actually connected?   When ?<br><b>D   20   10S   28E</b>                       |

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                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded                               | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)         | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |            |            |
| Perforations                               |                             |          |                 |          | Depth Casing Shoe |           |            |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b> |                             |          |                 |          |                   |           |            |            |
| HOLE SIZE                                  | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |            |            |
|  |                             |          |                 |          |                   |           |            |            |
|  |                             |          |                 |          |                   |           |            |            |
|  |                             |          |                 |          |                   |           |            |            |

**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 Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |  |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size <b>ported 10-3 5-32 9-2</b> |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF <b>6.1 kg of</b>             |

**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. 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 is true and complete to the best of my knowledge and belief.

Signature **Gary L. Royal** Comptroller  
Printed Name **Gary L. Royal** Title  
Date **05/07/92** Telephone No. **1-623-6133**

**OIL CONSERVATION DIVISION**

Date Approved **MAY 18 1992**

By **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
Title **SUPERVISOR, DISTRICT II**

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