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STATE OF NEW MEXICO JUN 24 1987		
ENERGY AND MINERALS DEPARTMENT	Form C-104 Revised 10-0	
DISTRIBUTION ARTESIA. OFLICEONSERVA	TION DIVISION Format 06-0 Page 1	11-83
ARTESIA OTE-COMPLEX		•
VARA SANTA FE, NEW	MEXICO 87501	
LAND OFFICE		
TRANSPORTER OIL REQUEST FOR	ALLOWABLE	
OPERATOR AN		
AUTHORIZATION TO TRANSP	ORT DIL AND NATURAL GAS	
Copergior		
Cibola Energy Corporation		
Address P. O. Box 1668, Albuquerque, New M	exico 87103	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	effective 7-1-87	
Recompletion		
Change in Ownership Casingheod Gas Co	ndensäte	
If change of ownership give name		
and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE	Tration Kind of Lease	Lease No
Lease Name	San Andres State, Federal or (Fee)	
Maber		here
Location A 330 Feet From The North Lin	and Feet From The	
		Count
Line of Section 30 Township 10S Range	28E . NMPM, Chaves	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS	
Tennesorter of Cill AA or Condensate		
Permise Corporation	P. O. BOX 3119, Midland, TX 7 Address (Give address to which approved copy of this form is	9702
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give Badress to Back approved copy of the former	
Unit Sec. Twp. Rge.	is gas actually connected? When	
If well produces oil or liquids, give location of tanks. A 30 105 28E	X 10-7 2	<u> </u>
If this production is commingled with that from any other lease or pool,	give commingling order number:	Port ID-
		2-3-8;
NOTE: Complete Parts IV and V on reverse side if necessary.		chy LTIN
VI. CERTIFICATE OF COMPLIANCE		
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED JUN 2 9 1987	., 19
been complied with and that the information given is the and complete to the best of	Original Signed Sy	
my knowledge and belief.	BYLos A. Clementa	
1	TITLE Superviser Digner #	
1/2 Tuelo	This form is to be filed in compliance with RUI	
Karen Tulde Karen Tvede	If this is a request for allowable for a newly dri well, this form must be accompanied by a tabulation	of the devia
Geologist	tests taken on the well in accordance with RUL1 1	111.
(Tille)	All sections of this form must be filled out comp able on new and recompleted wells.	brarath tot all
6-11-87	Fill out only Sections I. II. III. and VI for changes of own	
(Date)	well name or number, or transporten or other such cha Separate Forms C-104 must be filed for each	
	completed wells.	

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