

Y AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY OCT 19 1983 O. C. D. ARTESIA, OFFICE

Cibola Energy Corporation

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

Reason(s) for filing (Check proper box)

Oil well completion Change in Ownership

Add Transporter of: Oil Casinghead Gas

Other (Please explain)

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: J. P. White D

Well No.: 8

Pool Name, Including Formation: Race Track San Andres

Kind of Lease: State, Federal or Lease

Lease No.:

Location: Unit Letter D, 990 Feet From The North Line and 330 Feet From The West

Line of Section 20 Township 10S Range 28E, NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Crude Oil Purchasing Co.

Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico

Name of Authorized Transporter of Casinghead Gas Pecos River Gas Plant, Ltd

Address (Give address to which approved copy of this form is to be sent) P. O. Box 4000, The Woodlands, TX. 77380

Is gas actually connected? yes

When 10/08/83

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 X 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.

Producing Formations (DF, RAB, RT, GR, etc.) Name of Producing Formation San Andres Top Oil/Gas Pay Tubing Depth

Producing Formations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

Well: 1

Test Date: 10/14/83

Producing Method (Flow, pump, gas lift, etc.)

Length of Test: 24 hours

Casing Pressure: 100 psi

Choke Size: 1/2 inch

Oil - Bbls. Water - Bbls. Gas - MCF

AS WELL

Test Date: 10/14/83

Length of Test: 24 hours

Producing Method (Flow, pump, gas lift, etc.)

Casing Pressure (Shot-in) 100 psi

Choke Size: 1/2 inch

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.

Karen Azar (Signature) Production Secretary

10/14/83 (Date)

OIL CONSERVATION DIVISION OCT 21 1983

APPROVED BY: Leslie A. Clements Supervisor District II

TITLE:

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 deviated 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 own well name or number, or transporter, or other such change of condition.

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