

P.O. Drawer DD, Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

RECEIVED  
MAY -7 '90

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator **Cibola Energy Corporation** Well API No. **30-005-61911**  
Address **PO Box 1668, Albuquerque, NM 87103**  
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)  
New Well ☐ Change in Transporter of: ☒ Dry Gas ☐  
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐  
Change in Operator ☐

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **J.P. White D** Well No. **8** Pool Name, Including Formation **Race Track San Andres** Kind of Lease **State, Federal** Lease No.  
Location **Unit Letter D : 990 Feet From The N Line and 330 Feet From The W Line**  
Section **20** Township **10S** Range **28E** NMPM, **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
**Enron Oil Trading & Transportation Co. PO Box 1188, Houston, TX 77251-1188**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 **D** Sec. **20** Twp. **10S** Rge. **28E** Is gas actually connected? **NO** When ?

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  
Tubing, Casing and Cementing Record  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**Post ID-3 5-11-90 chg WT: PEA**

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  
Actual Prod. During Test Oil - Bbls Water - Bbls Gas - MCF

GAS WELL  
Actual Prod. Test - MCF/D Length of Test Bbls Condensate/MNCF Gravity of Condensate  
Testing Method (pump, 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 **Martha Hensley**  
Printed Name **Martha Hensley, Clerk**  
Date **5/2/90** Telephone No. **505/843-6762**

OIL CONSERVATION DIVISION  
Date Approved **MAY 9 1990**  
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.  
4) Separate Form C-104 must be filed for each pool in multiply completed wells.