| Mg fema con a const  | OIL CORSLEVA  |  |                               | :                 |
|--|---|--|-------------------------------|-------------------|
| FILL THOMAS TON  | P. O. DOX<br>SANTA FE, NEW 1                        |  | RECEIVED BY                   | 7                 |
|  |   |  | <b>OCT 19</b> 1983            | -                 |
| OIL OFFICE   | REQUEST FOR A                                       |  | O. C. D.                      |                   |
| OAS 1/   | AUTHORIZATION TO TRANSPO                            | ORT OIL AND NATURAL GA   | ARTESIA, OFFICE               |                   |
| Cibola Energy Corpo  | ration  |  |                               |                   |
|  | ouquerque, New Mexico                               | 87103  |                               |                   |
| rion() To liling (Check proper box)  | Add Tronsporter of:                                 | Other (Please explain)   |                               |                   |
| well :   | Cil Dry Gos   |  |                               |                   |
| ange in Ownership  | Casinghead Gas X Condense                           |  |                               |                   |
| hange of ownership give name<br>address of previous owner  |   |  |                               |                   |
| SCRIPTION OF WELL AND L  | EASE.  Well No. Rool Nome, Including For Race Track | matten Kind of Le  |                               | Leose No.         |
| CX Plains  | 3 E San And   | res State, Fed   | eral or Fee                   | .]                |
| Unit Letter P : 33   | Feet From The South Line                            | and 330 Feet Fra   | om Th• <u>East</u>            |                   |
| 3.0  | nship 10S Range                                     | 28Е , мирм,  | Chaves                        | County            |
| CLOVATION OF TRANSPORT   | ER OF OIL AND NATURAL GAS                           | Address (Give address to which ap  | proved copy of this form is t | o be sent)        |
| ne of Authorized Transporter of Cit .  Navajo Crude Oil Pr   | <u>—</u>  | T T  | toria New Mey                 | ico               |
| me of Authorized Transporter of Cus.   | - X   | P. O. Box 199. At<br>Address (Give oddress to which op<br>P. O. Box 4000, T  | he Woodlands,                 | rx. 77380         |
| Pecos River Gas Pl   | Dnit   Sec.   Twp.   Rge.   P   19   10S   28E      | Is cas actually connected?  Ves  | 10/08/83                      |                   |
|  | that from any other lease or pool, g                |  |                               |                   |
| MPLETION DATA  | Oil Well Gas Well                                   | New Well Workover Deepen   | Plug Bock   Same Re           | s'v. Dill. Res'v. |
| Designate Type of Completion   | n — (λ)   X   Date Compl. Ready to Prod.            | Total Depth  | P.B.T.D.                      |                   |
| ste Spudd•d  | Name of Producing Formation                         | Top Oil/Gas Pay  | Tubing Depth                  |                   |
| evations (DF, RKB, RT, GR, etc.)   | San Andres  |  | Depth Casing Shoe             |                   |
| erforations  | 11/2  | CENERTING RECORD   |                               |                   |
| HOLE SIZE  | TUBING, CASING, AND CASING & TUBING SIZE            | CEMENTING RECORD DEPTH SET   | SACKS CE                      | MENT              |
|  |   |  |                               |                   |
|  |   |  |                               |                   |
| EST DATA AND REQUEST FO  | OR ALLOWABLE (Test must be of able for this de      | l<br>Ster recovery of socal volume of load<br>pik or be for full 24 hours)   |                               | exceed top allo   |
| L WELL ote Flist New Oil Hun To Tonks  | Date of Test  | Producing Method (Flow, pump, I  | as lift, etc.)                |                   |
| ength of Test  | Tubing Pressure                                     | Casing Pressue   | Chais Size                    |                   |
| cival Fied, During Tost  | OII-Bbis.   | Wote: - Bbls.  | Gos-MCF                       |                   |
|  |   |  |                               |                   |
| AS WELL  | Largin of Test                                      | Bata, Condensate/ABACF   | Grevily of Condense           | it•               |
| CIUS; FESS. TORI-MEF/D   |   | Cosing Freezus (Shut-in)   | Chose Size                    |                   |
| eating Method (pile), back pr.)  | Tering Pissows (2bst-12)                            |  | RVATION DIVISION              |                   |
| ERTIFICATE OF COMPLIAN   | CE  | OCT OCT  | 21 1983                       | 19                |
| hereby certify that the rules and regulations of the Oil Conservation ivision have been complied with and that the information given love is true and complete to the beat of my knowledge and belief. |   | Original Signed By  BY Loslie A. Clements  |                               |                   |
|  |   | Supervisor District #  |                               |                   |
| ,  | 0   |  | d in compliance with ru       | 11 1 1 1 0 4 ,    |
| Karen agar   |   | If this is a request for allowable for a newly billion of the deviet well, this form must be accompanied by a tabulation of the deviet   |                               |                   |
| Production Secretary   |   | All sections of this form must be filled out completely for all  |                               |                   |
| 10/14/83   |   | able on new and recompleted walls.  Fill out only Sections 1, 11, 111, and VI for changes of own well name or number, or transporter, or other such change of conditional name or number, or transporter, or other such change in multi-   |                               |                   |
| (1   | )ate)   | teparata Forms C-10  | 4 must be filed for eech      | n phal in multi   |
| · • • • • • • • • • • • • • • • • • • •  |   | The second secon |                               |                   |