	an a	<u></u>					
buit 5 Copies propriate District Office <u>STRICT J</u> 0. Box 1980, Hobbs, NM 88240	<i>Q</i> ·	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DI			2 7 1991	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
ISTRICT II O. Drawer DD, Artesia, NM 88210	Sar	P.O. Box 2088 Santa Fe, New Mexico 87504-208			. C. D.		
ISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	OR ALLOWABL	E AND AUTHORIZAT		NA. OFFICE		
)perutur			AND MALOTINE GAO	Warap	I No.		
CIBOLA ENERG			0.7.1.0.0	<u></u>			
P.O. BOX 166 leason(s) for Filing (Check proper box)	ALBUQU	JERQUE, NM	87103 Other (Please explain)				
New Well		Transporter of: Dry Gas					
Recompletion	Casinghead Gas	Condensate					
change of operator give name ad address of previous operator	<b>ya - a - a - a - a - a - a - a - a - a -</b>		anna agus air air an an an ann an an an an an an an an an				
I. DESCRIPTION OF WELL Lease Name	AND LEASE Well No.	FACE 7 & Pool Name, Includin	B Formation	Kind of		Lease No.	
CX PLAINS	3	S	AN ANDRES	State, Fo	ederal of Fee		
Unit LetterP		Feet From The S	OUTH Line and 330	Feet	From The	AST Lin	
Section 19 Townsh	ip 105	Range 28E	, NMPM,		CHAV	ES County	
II. DESIGNATION OF TRAI	NSPORTER OF O	IL AND NATU	RAL GAS				
Name of Authorized Transporter of Oil	XX or Coude		Address (Give address to which P.O. BOX 8249		WELL, N		
PHEBLO PETROLEUM I Name of Authorized Transporter of Casi		or Dry Gas	Address (Give address to which				
If well produces oil or liquids,  ve location of Lanks.	Unit   Sec.   P   19				When ?		
this production is commingled with the V. COMPLETION DATA	i from any other lease o	r pool, give comming!	ing order number:			••••••••••••••••••••••••••••••••••••••	
Designate Type of Completion	Oil We	II Gas Well	New Well Workover	Deepen	Plug Back S	ame Res'v Diff Res'	
Dute Spudded	Date Compl. Ready	to Prod.	Total Depth	ا ا	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	vations (DF. RKB, RT, GR, etc.) Name of Producing Formation			Top OlUGas Pay Tubing Depth			
enorations			L		Depth Casing Shoe		
	TUBINO	CASING AND	CEMENTING RECORD			ann aige a su - factor ar ann an ar an	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
					-		
V. TEST DATA AND REQU OIL WELL (Test must be afte			i be equal to or exceed top allow	able for thi	s depth or be fo	r full 24 hours.)	
Dute First New Oil Run To Tank	Date of 'Fest		Producing Method (Flow, puny				
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Waler - Bbla		Cas- MCF		
GAS WELL							
Actual Prod. Test - MCF/D	Longth of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
Testing Method (pilol, back pr.)	Tubing Pressure (S	hul-la)	Cusing Pressure (Shut-in)		Clioke Size		
VI. OPERATOR CERTIF I hereby certify that the rules and re Division have been complied with a	egulations of the Oil Con and that the information	scrvation given aboye	OIL CON				
is true and complete to the best of t	my knowledge and belief	Γ.	Date Approved	<u> </u>	UG 2 9 1	991	
the day			ByORIGI	NAL SI	GNED BY		
Signature Anthony Vrquidez Prod. Clerk			MIKE WILLIAMS				
Printed Name 08/22/91 Date		Tille 625-0342 Telephone No.	Title <u>SUPE</u>	1413UK		1	
	form is to be filed i	and and a state of the state of					

- 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.