

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUL 21 1983

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.O.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	OAL	
OPERATOR		✓
PRODUCTION OFFICE		

Cibola Energy Corporation ✓

O. C. D.
ARTESIA, OFFICE

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE			
Lease Name Plains 29	Well No. 6	Pool Name, Including Formation Und. Race Track SA	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter D : 330 Feet From The North Line and 330 Feet From The West			
Line of Section 29 Township 10S Range 28E , NMDM, Chaves Co.			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil: <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					P.O. Box 159, Artesia, N.M. 88210	
Navajo Crude Oil Purchasing Company						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	29	10S	28E		

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff.
Date Spudded 6/21/83		X		X					
Date Compl. Ready to Prod. 7/11/83				Total Depth 2330'				P.B.T.D. 2330'	
Elevations (DF, RAB, RT, CR, etc.) 3736.6		Name of Producing Formation San Andres		Top Oil/Gas Pay 2209'				Tubing Depth 2128'	
Perforations 2209-13, 2216-20, 2222-26, 2234-37, 2244-54 2 spf									Depth Casing Shoe 2330'

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"	320'	110 sx class C cmt 2% CaO
7 7/8"	4 1/2"	2315'	125 sx self stress cmt
	2 3/8"	2128'	

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
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
7/11/83		7/14/83		pump	
Length of Test		Tubing Pressure		Casing Pressure	Choke Size
24 hrs					
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	Gas-MCF
13.92		13.92		0	TSTM

GAS WELL

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shot-in)	Coating Pressure (Shot-in)	Choke Size

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.

Drilling Secretary

7/20/83

(Note)

OIL CONSERVATION DIVISION

OCT 21 1983

APPROVED Original Signed By . 19

BY Leslie A. Clements
Supervisor District 1

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.

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