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O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Cibola Energy Corporation

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

Location(s) for filing (check proper box)

☐ New Well
☐ Completion
☐ Change in Ownership

Add

Transporter of:

☐ Oil
☒ Gas
☐ Condensate

Other (Please explain)

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: Plains 29 Well No.: 6 Pool Name, Including Formation: San Andres Kind of Lease: Fee Lease No.:

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

Line of Section: 29 Township: 10S Range: 28E NMPM, Chaves County

SIGNATURE 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 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

Well produces oil or liquids, or location of tanks: E 29 10S 28E 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'tv. Diff. Res'tv.
Date Spudded: Date Compl. Ready to Prod. Total Depth: P.E.T.D.
Locations (DF, RRE, RT, GR, etc.): Name of Producing Formation: San Andres Top Oil/Gas Pay: Tubing Depth:
Locations: Depth Casing Shoe:

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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)

Test Well	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
First Flow Oil Run To Tanks		
Depth of Test	Tubing Pressure	Casing Pressure
Initial Prod. During Test	Oil-Bbls.	Water-Bbls.

AS WELL

Test Well	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Initial Prod. Test - MCF/D			
Casing Pressure (Shot-In)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Casing 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 is true and complete to the best of my knowledge and belief.

Production Secretary

10/14/83

OIL CONSERVATION DIVISION

OCT 21 1983

APPROVED

Original Signed By

BY

Leslie A. Clements

TITLE

Supervisor District II

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.