P.O. Lrawer DD, Anena, NM. BEC10

OIL CONSERVATION DIVISION FROM THE

Santa Fe, New Mexico 87504-2088

DISTRICT III IUUU Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZA	TION
1.	TO TRANSPORT OF	IL AND NATURAL GAS	T Well API No. MAY -7 '90
Operator Cibola Energy Cor	poration		30-105-61999
Address PO Box 1668 , A1b			ARTESIA, OFFICE
Reason(t) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		•
Recompletion	Oil Dry Gas		
Change in Operator	Casinghead Gas Condennate		
if change of operator give name			
and address of previous operator	ANDIFACE		
II. DESCRIPTION OF WELL	Well No. Pool Name, Inclu	ding Formation	Kind of Lease No.
CX Plains	5 Race Tr	ack San Andres	State, Federal Fee
Location A Unit Letter	: 990 Feet From The _	N Line and 33C	Feet From The
Section 19 Townshi	ip 10S Range 28E	, NMPM,	Chaves County
UL DESIGNATION OF TRAN	SPORTER OF OIL AND NATI	URAL GAS	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which a	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 Casin	ighead Gas or Dry Gas	Address (Give address to which a	approved copy of this form is to be zent)
If well produces oil or liquids, give location of tanks	Unit Sec. Twp. Rge	e. Is gas actually connected?	When?
If this production is commingled with that	from any other lease or pool, give commun		
IV. COMPLETION DATA	Oil Well Gas Well :	- New Well Workover - E	Deepen Plug Back Same Res'v Diff Res'v
Designate Type of Completion		<u>i i i i </u>	
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
Elevations (DF, RAB, RI, CR, ELL)			rang sepai
) criorauons			Depth Casing Shoe
	TIRING CASING ANT	O CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NOEL SILE			Post ID-3
			5-11-50
		!	cha bit PER
V. TEST DATA AND REQUE	ST FOR ALLOWABLE		~
	recovery of total volume of load oil and mu	st be equal to or exceed top allowab	le for this depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Tes	Producing Method (Flow, pump.	gas lift, esc.)
	Table	Casing Pressure	Choke Size
Length of Tes	Tubing Pressure	Casing Pleasure	
Actual Fruck Louring Test	Ou - Bbis	Water - Bbis.	Gu- MCF
GAS WELL			
Actual Frod Test - MCF/D	Length of Test	Bbls Condessare/MMCF	Gravity of Condensate
lesing Method (puot, back pr.)	Tubing Freature (Shut-in)	Cating Fressure (Shut-in)	Choke Size
	1		<u> </u>
VL OPERATOR CERTIFIC		OII CONSI	ERVATION DIVISION
I hereby certally that the rules and regular Division have been complied with and		OIL CONSI	LUAVUOU DIAISION
at the and complete to the best of my		Date Approved	MAY 9 1990
Martha	Henslow	oin	
Summer		By ORIGINAL SIGNED BY	
Martha l	Hensley, Clerk Take	ll SÚ	PERVISOR, DISTRICT IT
5/2/90	. 505/843-6762	' Title	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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- 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