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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

Reason(s) for filing (Check proper box)

Well ☒ Completion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☐ Gas ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name CX Plains Well No. 6 Pool Name, Including Formation Race Track San Andres Kind of Lease State, Federal or Fee Fee Lease No.

Location

Unit Letter H : 1650 Feet From The North Line and 330 Feet From The East

Line of Section 19 Township 10S Range 28E, NMPM, Chaves County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Navajo Crude Oil Purchasing Address (Give address to which approved copy of this form is to be sent) P. O. Box 169, Artesia, New Mexico Name of Authorized Transporter of Casinghead Gas or Dry 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. Unit H Sec. 19 Twp. 10S Rge. 28E is gas actually connected? No When

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 X Workover Deepen Plug Back Same Resv. Diff. Resv. Date Spudded 7-7-84 Date Compl. Ready to Prod. 8-23-84 Total Depth 2318' P.B.T.D. Elevations (DF, R&B, RT, GR, etc.) 3760.5 Name of Producing Formation San Andres Top Oil/Gas Pay 2172 Tubing Depth Perforations 2 spf Depth Casing Shoe 2252-66, 2240-46, 2220-24, 2216-18, 2206-12, 2194-2204, 2172-88

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"	335'	400 Cl C w/2% CaCl
6 1/2"	4 1/2"	2306'	125 Self stress
	2 3/8"	215D	

TEST DATA AND REQUEST FOR ALLOWABLE
ON WELL

(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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-23-84	8-29-84	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
5.80	3.48	2.32	TSTM

AS WELL

Fluid: Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Casing Method (Flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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

(Title)

(Date)

9/27/84

OIL CONSERVATION DIVISION
OCT 19 1984

APPROVED _____, 19

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 11C.

If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 11C.

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 multiply recompleted wells.