

OIL CONSERVATION DIVISION		RECEIVED BY	
P. O. BOX 2018 SANTA FE, NEW MEXICO 87501		AUG 15 1984	
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Cibola Energy Corporation			
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: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 12:4:84 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED ✓	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND LEASE			
Lease Name Plains 29	Well No. 7	Pool Name, Including Formation Race Track SA	Kind of Lease State, Federal or Fee Fee
Location Unit Letter E 2310 Feet From The North Line and 990 Feet From The West Line of Section 29 Township 10S Range 28E, NMPM, Chaves County			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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	
If well produces oil or liquids, give location of tanks.		Is gas actually connected? When	
Unit Sec. Twp. Rge. E 29 10S 28E		✓	
If 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 Gas Well New Well Workover Deepen Plug Back Some Restv. Diff. Restv.	
X		X	
Date Spudded 7/12/84	Date Compl. Ready to Prod. 7/25/84	Total Depth 2320'	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.) 3735.4 3726.7	Name of Producing Formation San Andres	Top Oil/Gas Pay 2204'	Tubing Depth 2084
Perforations 2204-06, 2213-18, 2226-38, 2 spf		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 1/2"	8 5/8"	354'	167 sx Cl C w/2% CaCl
6 1/2"	4 1/2"	2326'	90 sx self stress w/ 2% CaCl
2 3/8"		2084'	
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)			
OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks 7/25/84	Date of Test 7/30/84	pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 15	Water-Bbls. 20	Gas-MCF TSTM
GAS WELL		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	
Testing Method (prior, 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.			
Karen Azar (Signature) Drilling Secretary (Title) August 14, 1984 (Date)			
OIL CONSERVATION DIVISION SEP 28 1984 APPROVED Original Signed By BY Leslie A. Clements Supervisor District II TITLE 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 multiply recompleted wells.			