

P. O. BOX 2088

FE, NEW MEXICO 87501

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APR 26 1965

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, CALIF.

Cibola Energy Corporation

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

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☐

Change in Transporter of:

Recompletion ☐

Oil

Dry Gas

Date of connecting casinghead gas

Castinghead Gun

Condensation

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 San Andres		Kind of Lease State, Federal or Fee FEE	Lease No.
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

DESIGNATION OF TRANSPORTER OF GAS AND LIQUIDS					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"/>					No. 159 Houston, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Pecos River Gas Plant					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.	yes	8-25-84	
E	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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth					P.B.T.D.		
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay					Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
DIL 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.)	
Length of Test		Tubing Pressure		Casing Pressure	Choke Size
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	Gas - MCF

Post 10-3-85
Add GT: PRG

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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.

OIL CONSERVATION DIVISION

APR 29 1985

APPROVED _____, 19

BY _____ ORIGINAL SIGNED _____

BY _____
BY LARRY BROOKS

TITLE _____ GEOLOGIST - NMOCB

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 allowance 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 plated wells.