

RECEIVED BY

SEP 28 1984

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)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>12-4-84</u> UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED ✓	
Completion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

DESCRIPTION OF WELL AND LEASE

Well Name Plains 29	Well No. 9	Pool Name, Including Formation Race Track San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>10S</u> Range <u>28E</u> , NMPM, <u>Chaves</u> County				

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

one of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing	P. O. Box 169, Artesia, New Mexico
one 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, Ltd	P. O. Box 4000, The Woodlands, TX 77380
Well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>D</u> Sec. <u>29</u> Twp. <u>10S</u> Rge. <u>28E</u>	No

this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 7-11-84	Date Compl. Ready to Prod. 8-7-84	Total Depth 2320'		P.B.T.D.					
Leakage (DF, RAB, RT, CR, etc.) 3735	Name of Producing Formation San Andres	Top Oil/Gas Pay -2198- 2209		Tubing Depth 2086					
Perforations 2209-11, 2213-16, 2222-36, 2239-41 2 spf		Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"	339'	200 sx cl C w/2% CaCl
6 1/2"	4 1/2"	2308'	90 sx self stress w 2% CaCl
	2 3/8"	2086'	

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)

Date First New Oil Run To Tanks 8-7-84	Date of Test 8-14-84	Producing Method (Flow, pump, gas lift, etc.) Pump		Post ID-2 10-5-84 Kemp & BIR
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size	
Initial Prod. During Test 38.28	Oil - Bbls. 1.16	Water - Bbls. 37.12	Gas - MCF TSTM	

AS WELL	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Initial Prod. Test-MCF/D			
Casing Method (Shot, Back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-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 Adams  
(Signature)  
Drilling Secretary

(Title)  
August 14, 1984

(Date)

OIL CONSERVATION DIVISION

SEP 28 1984

APPROVED \_\_\_\_\_, 19

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 deviator tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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 conditions.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.