

P. O. BOX 2088

BY
SANTA FE, NEW MEXICO 87501

APR -2 1985

REQUEST FOR ALLOWABLE
AND

O. C. D.

ARTESIA OFFICE

Cibola Energy Corporation ✓

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

Season(s) of Use (Check proper box)

Other (Please explain)

New Well ☒

Change in Transporter of:

Recompletion ☐

C11

Dry Gas

Change in Ownership ☐

Casinghead Gas

Condensate

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
J. P. White D		12	Race Track San Andres	State, Federal or Fee Fee	
Location					
Unit Letter	D	330	Feet From The North	Line and 330	Feet From The West
Line of Section	20	Township 10S	Range 28E	, NMPM, Chaves County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					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"/>					Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purchasing					P. O. Box 159, Artesia, New Mexico 88210	
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.	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When
	D	20	10S	28E	yes	3/13/85

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 1-7-85		Date Compl. Ready to Prod. 3/13/85		Total Depth 2308		P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.) 3765.4		Name of Producing Formation San Andres		Top Oil/Gas Pay 2191		Tubing Depth 2138			
Perforations 2230-34, 38-46, 52-58, 62-88 2 spf						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"	300'	100 sx Cl C w/2% CaCl
7 7/8"	4 1/2"	2297'	125 sx self stress w/ 2% CaCl

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 3/13/85		Date of Test 3/18/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs		Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 37.12		Oil - Bbls. 37.12	Water - Bbls. 0	Gas - MCF TSTM

P-2
 ID-2
 4-5-85
 Comp. OK

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)	Coating 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
(T/11)

April 1, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 4 1985, 19

Original Signed By
BY For A. Clements

TITLE Supervisor District II

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 III.

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 completed wells.