

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 06 '88

O. C. D.
ARTESIA, OFFICE

I.

Operator	CIBOLA ENERGY CORPORATION ✓
Address	P.O. BOX 1668 - ALBUQUERQUE, NM 87103
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
DUNCAN FEDERAL	2	WILDCAT SAN ANDRES	State, Federal or Fee FEDERAL	NM12557
Location				
Unit Letter	M	330	Feet From The SOUTH	Line and 990
			Feet From The WEST	
Line of Section	7	Township	9 SOUTH	Range 28 EAST
			NMPM,	CHAVES
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None. No pipeline & very little gas	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. is gas actually connected? When
	M 7 9S 28E NO

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Betty McBride
(Signature)
Drilling Secretary
(Title)
August 31, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 23 1988, 19 _____
BY Original Signed By
Mike Williams
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 completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'ty.	DILL Res'ty.
Date Spudded May 10, 1988	Date Compl. Ready to Prod. August 15, 1988		Total Depth 2317'			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) KB 3889.6	Name of Producing Formation SAN ANDRES		Top Oil/Gas Pay 2240 2241			Tubing Depth 2230 2240			
Perforations 2241-2249; 2252-2256; 2262-2265						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	7 5/8	419'	120
6 1/2	4 1/2	2317	90
4 1/2	2 3/8	2240	none

V. 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 July 17, 1988(swabbed)	Date of Test August 15, 1988	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure Unknown	Casing Pressure Unknown	Choke Size 2"
Actual Prod. During Test 43 BBLS	Oil - Bbls. 35 BBLS	Water - Bbls. 8 BBLS	Gas - MCF NONE

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