

Submit 5 Copies
to appropriate District Office
DISTRICT I
O. Box 1980, Hobbs, NM 88240

DISTRICT II
O. Drawer DD, Artesia, NM 88210

DISTRICT III
300 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

AUG 10 1992

O.C.D.
OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	CIBOLA ENERGY CORPORATION	Well API No.	
Address	P. O. Box 1668 Albuquerque, NM 87103		
Reason(s) for Filing (Check proper box)	☐ Other (Please explain)		
New Well	☐		
Recompletion	☐		
Change in Operator	☐		
Change in Transporter of:	☒ Dry Gas ☐		
Oil	☐		
Casinghead Gas	☐ Condensate ☐		
Change of operator give name and address of previous operator			

I. DESCRIPTION OF WELL AND LEASE

Lease Name	ACEITE NEGRA	Well No.	4	Pool Name, including Formation	Wildcat Devonian	Kind of Lease	State Federal or Leasing XXXX	Lease No.	NM-18611
Location	Unit Letter P : 330 Feet From The South Line and 940 Feet From The East Line								
Section	12	Township	9S	Range	27E	NMPM,	Chaves	County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Petro Source Partners, Ltd.	9801 Westheimer; Suite 900; Houston TX 77042					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	P	12	9S	27E		
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. 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, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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.)

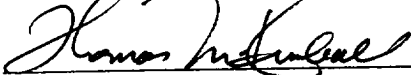
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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

VI. OPERATOR 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.



Signature Thomas M. Kimball Landman
Printed Name Title
Date August 6, 1992 (505) 843-6762 Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 12 1992

By

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.