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SANTA FE

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUN 11 1985

REQUEST FOR ALLOWABLE
ANDO. C. D.
ARTESIA, OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Cibola Energy CorporationAddress
P. O. Box 1668, Albuquerque, New Mexico 87103

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Mona	Well No. 2	Pool Name, Including Formation Und Race Track San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C ; 330 Feet From The North Line and 2310 Feet From The West	Line of Section 7	Township 10S	Range 28E	County Chaves

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 7 10S 28E
Is gas actually connected?	When no

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

COMPLETION DATA

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'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 5/19/85	Date Compl. Ready to Prod. 5/31/85	Total Depth 2360	P.B.T.D. 2358
Elevations (DF, RAB, KT, GR, etc.) 3821.1	Name of Producing Formation San Andres	Top Oil/Gas Pay 2230 2256	Tubing Depth 2106'
Perforations 2256-66, 2276-82, 2290-2310, 2 spf			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"	326'	225 sx C1 C 2% CaCl2
6 1/2"	4 1/2"	2358'	90 sx self stress
	2 3/8	2106	Pst FD-2

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to 6 x 24 hrs flow-
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5/31/85	Date of Test 6/3/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 28.20	Oil-Bbls. 14.10	Water-Bbls. 14.10	Gas-MCF TSTM

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

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 Ayer
(Signature)Drilling Secretary
(Title)June 10, 1985
(Date)

OIL CONSERVATION DIVISION

JUN 17 1985

APPROVED _____, 19 _____

BY _____
Original Signed By
Les A. ClementsTITLE _____
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 111.All sections of this form must be filled out completely for allow-
able 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
complected wells.