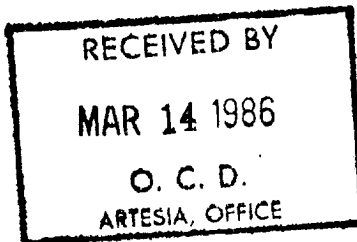


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT



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

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**Cibola Energy Corporation**

Address  
**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  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-19-86**  
**UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED**  
**2-755**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Plains 6</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Race Track San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>N</b> : <b>990</b> Feet From The <b>South</b> Line and <b>2310</b> Feet From The <b>West</b> Line of Section <b>6</b> Township <b>10S</b> Range <b>28E</b> , NMPM, <b>Chaves</b> 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"/> <b>Navajo Crude Oil Purchasing</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 159, Artesia, NM 88210</b>
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 <b>N</b> Sec. <b>6</b> Twp. <b>10S</b> Rge. <b>28E</b>	Is gas actually connected? <b>no</b> When <b>Post ID-2 3-21-86 Camp &amp; BH</b>

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.

**Karen Azar**  
(Signature)  
**Drilling Secretary**  
(Title)  
**3/12/86**  
(Date)

OIL CONSERVATION DIVISION  
**MAR 19 1986**

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

BY \_\_\_\_\_  
Original Signed By  
**Les 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 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 filled 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'v.	Diff. Res'v.
Date Spudded 1-22-86	Date Compl. Ready to Prod. 3-4-86	Total Depth 2330'		P.B.T.D. 2317'					
Elevations (DF, RKB, RT, GR, etc.) 3327.7 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 2238		Tubing Depth 2100'					
Perforations 2252-54, 2264-71, 2280-82, 2288-90 (2 spf)							Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		294'		200 sx Cl C				
6 1/2"	4 1/2"		2317'		90 sx self str ss				

#### 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-4-86	Date of Test 3-7-86	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 8.35	Oil-Bbls. 5.01	Water-Bbls. 3.34	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