Santa Fe, New Formo of the Land.

DISTRICT III

| 1000 Rio Brazos Rd., Azzec, NM 8741: | REQUEST FOR ALLOW | ABLE AND AUTHORIZATE | ION MAY -7 '90 |
|--|--|--|--|
| Operator Cibola Energy Co | • | | Well API No. |
| Address | | | 30-005 - Caron 8 X |
| PO Box 1668, All | ouquerque, NM 87103 | | |
| Researc(s) for Filing (Check proper box) New Well | Change in Transporter of: Oil Dry Gas | Other (Please explain) | |
| Recompletion | Casinghead Gas Condensate | J J | |
| If change of operator give name and address or previous operator | | | |
| IL DESCRIPTION OF WELL | | | · |
| Plains 67 | Well No. Pool Name, Inci | - 1 | Kind of Lease No. State, Federal of Fee |
| Location | J Race II | rack San Andres | |
| Unit Letter N | : 990 Feet From The | 5 Line and 23/0 | Feet From TheLine |
| Soction 6 Towns | hip 10S Range 28E | , NMPM, | Chaves County |
| III. DESIGNATION OF TRAINAME Of Authorized Transporter of Oil | NSPORTER OF OIL AND NAT | | |
| • | & Transportation Co | Address (Give address to which app | • |
| Name of Authorized Transporter of Casi | nghead Gas or Dry Gas | Address (Give address to which app | ouston, TX 77251-1188 roved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks | 1 (1) / 1 | NO. | When? |
| If this production is communiced with that IV. COMPLETION DATA | from any other lease or pool, give commit | <u>. </u> | |
| Designate Type of Completion | Oil Well Gas Well | New Well Warkover Deep | oca Plug Back Same Res'v Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | | · | 7.B.1.D. |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Ferforations | | | Depth Casing Shoe |
| | TUBING, CASING ANT | D CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | Post FP-3 |
| | | | cha hT: PER |
| TECT NATA AND DECULE | ET FOR ALLOWARDS | | 200 37 . 1 . 1 |
| TEST DATA AND REQUES OIL WELL (Test must be after t | ST FUR ALLUWABLE recovery of total volume of load oil and mu | et ha annal an na nannadann all an 11. A | |
| Date First New Oil Run To Tank | Date of Tes | Producing Method (Frow, pump, gas | this depth or be for full 24 hours) lift, etc.) |
| Length of Tes | 1 | | |
| zuju a Ka | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Frud. During Test | Oil - Bbis | Water - Boik | Gu- MCF |
| GAS WELL | | | |
| Actual Prod. Test - MCF/D | Leagth of Test | Bbis Consesse MMCF | Gravity of Condensate |
| esting Method (pilot, back pr.) | Tubing Pressure (Shut-m) | Casing Pressure (Shui-in) | Choke Size |
| L OPERATOR CERTIFIC | ATE OF COMPLIANCE | | |
| I hereby certify that the rules and reput | auons of the Oil Conservauce | OIL CONSER | VATION DIVISION |
| Division have been complied with and it true and complete to the best of true it | Stat the safermation goves above knowledge and belief | | |
| ∴ L MA _ 1 | 11. | Date Approved | MAY 9 1990 |
| Signature | a plenelly | ByORIGIN | IAL SIGNED BY |
| Martha H | ensley, Clerk | MIKEW | VILLIAMS |
| 5/2/90 | Truc : | • Itie | VISOR, DISTRICT II |
| Date | Telephone No | and the selection of th | The State of the S |

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