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A.C.D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Cibola Energy Corporation ✓

Address
P. O. Box 1668, Albuquerque, New Mexico 87103

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	CX Plains	Well No.	15	Pool Name, including Formation	Race Track San Andres	Kind of Lease	State, Federal or Fee FEE	Lease No.	
Location	Unit Letter 0 : 990 Feet From The South Line and 1650 Feet From The East								
Line of Section	19	Township	10S	Range	28E	NMPM	Chaves	County	

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 Refining	P. O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Pecos River Gas Plant, Ltd.	P. O. Box 4000, The Woodlands, TX 77380
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
P 19 10S 28E	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	10-22-85	Date Compl. Ready to Prod.	11-6-85	Total Depth	2310	P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	3755.2	Name of Producing Formation	San Andres	Top Oil/Gas Pay	2176 2186	Tubing Depth	2080	
Perforations	2186-88, 2196-2202, 2215-17, 2242-46, 2248-50, 2253-60					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	323'	227 sx C1 C
6 1/2"	4 1/2"	2310'	90 sx C1 H
	2 3/8"	2080'	

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 Tanks	11-6-85	Date of Test	11-8-85	Producing Method (Flow, pump, gas lift, etc.)	pump
Length of Test	24 hours	Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil-Bbls.	28.00	Water-Bbls.	3.50
				Gas-MCF	TSTM

Post ID-2
12-6-85
comp + BIT

GAS WELL

Actual Field Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

Drilling Secretary

11/12/85

OIL CONSERVATION DIVISION

APPROVED NOV 26 1985

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.