

OIL CONSERVATION DIVISION

P.O. DRAWER DD, Artesia, NM 87010

Santa Fe, New Mexico 87504-2085

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

I.

Operator Cibola Energy Corporation		Well API No. 30-005 MAY -7'90 62291
Address PO Box 1668, Albuquerque, NM 87103		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	☒ Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐	Condensate ☐
If change of operator give name and address of previous operator		

II. 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 ☒ Fee	Lease No.
Location				
Unit Letter 0	990	Feet From The S Line and 1650	Feet From The E Line	
Section 19	Township 10S	Range 28E	NMPM, Chaves	County

III. 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)
Enron Oil Trading & Transportation Co.	PO Box 1188, Houston, TX 77251-1188
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 19	Sec. 10S Twp. 28E Rge. NO
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					
Cementations			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			Per IP-3					
			5-11-90					
			chg LT: PER					

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 100 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 (pump, 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 Martha Hensley
Printed Name **Martha Hensley, Clerk**
Date **5/2/90** Telephone No. **505/843-6762**

OIL CONSERVATION DIVISION

Date Approved **MAY 9 1990**
By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

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