



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2082
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

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)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>CX Plains</u>	Well No. <u>20</u>	Pool Name, including Formation <u>Race Track San Andres</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>J</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>10S</u> Range <u>28E</u> , NMPM, <u>Chaves</u> 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"/> <u>Navajo Crude Oil Purchasing</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, NM 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Pecos River Gas Plant</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4000, The Woodlands, TX 77380</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>19</u>
	Twp. <u>10S</u>	Rge. <u>28E</u>
	Is gas actually connected? <u>no</u>	
	When	

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)
February 6, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 20 1986, 19
BY Original Signed By
Les A. Clements
TITLE 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 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.

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 1-8-86	Date Compl. Ready to Prod. 1-29-86		Total Depth 2323		P.B.T.D. 2323				
Elevations (DF, RKB, RT, GR, etc.) 3751.2	Name of Producing Formation San Andres		Top Oil/Gas Pay 2173 2192		Tubing Depth 2042				
Perforations 2192-94, 2218-20, 2222-24, 2246-50, 2256-60 (33 holes)						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	7 5/8"		295'		200 sx Class C				
6 1/2"	4 1/2"		2323'		90 sx self stress				
	2 3/8"		2042'						

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

Date First Run To Tanks 1-	Date of Test 2-4-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length c 24 hrs	Tubing Pressure n/a	Casing Pressure n/a	Choke Size
Actual Prod. During Test 20.04	Oil - Bbls. 8.35	Water - Bbls. 11.69	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