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STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT O. C. D.

Form C-104
 Revised 10-01-78
 Format 06-01-83
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TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

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 type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) <u>effective 7-1-87</u>
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>J. P. White D</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Race Track San Andres</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>D</u>	<u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>			
Line of Section <u>20</u>	Township <u>10S</u>	Range <u>28E</u>	<u>NMPM,</u>	County <u>Chaves</u>

III. 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)			
<u>Permian Corporation Permian (Ch. 9/1/87)</u>	<u>P. O. Box 3119, Midland, TX 79702</u>			
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)			
<u>Permian Corporation Permian</u>	<u>Permian Corporation Permian</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>20</u>	Twp. <u>10S</u>	Range <u>28E</u>
	Is gas actually connected? <u>Yes</u>		When <u>10-8-83</u>	

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 Tvede Karen Tvede
 (Signature)
 Geologist
 (Title)
 6-11-87
 (Date)

OIL CONSERVATION DIVISION
JUN 29 1987
 APPROVED _____, 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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multicompleted wells.

Post ID-3
 7-3-87
 chg W.T.N.R.