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STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT

Form C-104
 Revised 10-01-78
 Format 06-01-83
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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>Plains 29</u>	Well No. <u>1</u>	Pool Name, including Formation <u>LE Ranch 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>29</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>Permian Corporation Permian (Eff. 9/1/80)</u>	Address (Give address to which approved copy of this form is to be sent) <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"/> <u>Permian River Gas Plant</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 4000 The Woodlands, TX 77380</u>
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>29</u> Twp. <u>10S</u> Rge. <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: Part ID-3

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
 APPROVED JUN 29 1987, 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 deviated 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 multiple completed wells.