		n an		<u>.</u>		C161	
propriate District Office		lew Mexico tural Resources Department	:.t	المعاملة	Form C-10 Revised 1-1 See Instruc	1-89	
<u>TRICT I</u>). Box 1980, Hobbs, NM - 88240		ATION DIVISION	AUG	3 2 7 1991	at Bottom (of Page	
TRICT II D. Drawer DD, Artesia, NM 88210		ox 2088 Iexico 87504-2088		D. C. D.			
<u>STRICT III</u> XI Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZA	TION				
CIBOLA ENERG	Y CORPORATION		Well Af	Pl No.			
Boress P.O. BOX 166	8 ALBUQUERQUE, N	M 87103					
eason(s) for Filing (Check proper box) w Well completion hange is Operator change of operator give name	Change in Transporter of: Oil X Dry Gas Casinghead Gas Condensate	Other (Please explain,)				
d address of previous operator					,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
. DESCRIPTION OF WELL / ease Name J.P. WHITE	AND LEASE Well No. Pool Name, Inclu A 2 RACE	ding Formation L'RACK SAN ANDR		f Lease Federal or fee	Leas	se No.	
ocation	: 330 Feet From The	NORTH_Line and1980) En	ton the b	JEST	Lin	
Unit Letter <u>C</u>	10S 28E		rec	CHAV		County	
	<u>Kang</u> c	, <u>NMPM</u> ,			<u></u>	County	
II. DESIGNATION OF TRAN Name of Authonized Transporter of Oil PUEBLO PETROLEUM IN Name of Authorized Transporter of Casing	C.	Address (Give address to which P.O. BOX 8249 Address (Give address to which	ROS	SWELL, N	<u>M 882</u>	02	
f well produces oil or liquids, ive location of tanks.	Unit C Sec. 19 Twp. 28E	e, Is gas actually connected?	When	7			
this production is commingled with that V. COMPLETION DATA	from any other lease or pool, give commi	ngling order number:					
Designate Type of Completion	Oil Well Gas Well - (X) Date Compl. Ready to Prod.	New Well Workover 	Deepen	Plug Back Si P.B.T.D.	ame Rcs'v	Diff Res'v	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oll/Gas Pay			Tubing Depth			
Perforations				Depth Casing	Shoe	······	
	TUBING, CASING AN	D CEMENTING RECORD)				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	DEPTH SET		SACKS CEMENT		
Y. TEST DA'TA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	ST FOR ALLOWABLE recovery of total volume of load oil and n Date of Test	hust be equal to or exceed top allo Producing Method (Flow, pu			r full 24 hour	s.)	
Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls. Water - Bbls.			Gas- MCF			
GAS WELL		,		I			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Coudensute/MMCF	Bbls. Coudensute/MMCF		Gravity of Condensate		
Festing Method (pitor, back pr.)	Tubing Pressure (Shui-In)	Casing Pressure (Shut-In)	Casing Pressure (Shui-lp)		Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and reg Division have been complied with an	ulations of the Oil Conservation d that the information given above	OIL CON Date Approve)N	
is true and complete to the best of my		11					
anthen 1	lyn	- By					
2		_ MI	KE WILLI	SIGNED BY IAMS			

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.