

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

FORM C-104  
Revised 10-1-78

RECEIVED

JUN 21 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator  
**Cibola Energy Corporation**

Address  
P.O. Box 1668, Albuquerque, New Mexico 87103

Reason(s) for filing (Check proper box)  
 New Well ☒ ☐ ☐ ☐  
 Recompletion ☐  
 Change in Ownership ☐

Change in Transporter of:  
 Oil ☐ Dry Gas ☐  
 Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
 FLARED AFTER 8-1-82  
 UNLESS AN EXCEPTION TO Rule 306  
 IS OBTAINED  
 BY # 2-617**

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>J. P. White</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Hand. Race Track San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
----------------------------------	----------------------	--	---	-----------

Location  
 Unit Letter **B** : **660** Feet From The **North** Line and **1980** Feet From The **East**  
 Line of Section **18** Township **10S** Range **28E** , NMPM, **Chaves** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 159, Artesia, New Mexico 88210</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <b>B</b>	Sec. <b>18</b>	Twp. <b>10S</b>	Rge. <b>28E</b>	Is gas actually connected? <b>No</b>	When
--	------------------	-------------------	--------------------	--------------------	---	------

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
------------------------------------	--	-----------------------------------	--	-----------------------------------	---------------------------------	------------------------------------	--------------------------------------	---------------------------------------

Date Spudded <b>9-20-81</b>	Date Compl. Ready to Prod. <b>3-27-82</b>	Total Depth <b>2306'</b>	P.B.T.D. <b>2300'</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3799.4 Gr.</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>2270'</b>	Tubing Depth <b>2260'</b>
Perforations <b>2270-73, 1 SPF, 2273-75' 3 SPF, 2275-80' 1 SPF, 2280-82 3 SPF</b>			Depth Casing Shoe <b>2305'</b>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>11"</b>	<b>8 5/8" 24#</b>	<b>310'</b>	<b>150 sx Class C Cmt 2% Ca</b>
<b>7 7/8"</b>	<b>4 1/2" 9.5#</b>	<b>2305'</b>	<b>150 sx Class C Cmt 2% Ca</b>
	<b>2 3/8</b>	<b>2260</b>	

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)

OIL WELL

Date First New Oil Run To Tanks <b>March 27, 1982</b>	Date of Test <b>March 27, 1982</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>
Length of Test <b>24 hours</b>	Tubing Pressure	Casing Pressure
Actual Prod. During Test <b>10 barrels fluid</b>	Oil-Bbls. <b>6 barrels oil</b>	Water-Bbls. <b>4 barrels water</b>
		Gas-MCF

posted FD-2  
6-25-82  
comp. + BK

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

**Drilling Secretary**  
 June 18, 1982  
 (Date)

OIL CONSERVATION DIVISION  
 JUN 23 1982  
 APPROVED  
 BY **W. A. Gressett**  
 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 multiple completed wells.