	المراجعة والمار والمارية والمراجع المراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والم					clar	
Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> 2.0. Box 1980, Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION				Revis See 1 at Bo	n C-104 sed 1-1-89 instructions ottom of Page	
DI <u>STRICT II</u> 20. Druwer DD, Artesia, NM 88210		P.O. Box 2088 Santa Fe, New Mexico 87504-2088		0. C.			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLO TO TRANSPOR		Office				
Operator CIBOLA ENERGY	CORPORATION			Well API No.			
Address P.O. BOX 1668	ALBUQUERQUE,	NM 8710.	3				
Reason(s) for Filing (Check proper box) New Well Recompletion	Change in Transporter of Oil X Dry Gas Casinghead Gas Condensate		cr (Please explain,				
11. DESCRIPTION OF WELL A	ND LEASE Well No. Poot Name,	Including Formation		Kind of Lease		Lease No.	
PLAINS 29		RANCH SAN	ANDRES	State, Federal			
Location Unit LetterE	1980Feet From '	The <u>NORTH</u> Lin	ne and <u>660</u>	Feet From	The WEST	Line	
Section 29 Township	10S Range 28	E , N	IMPM,		CHAVES	County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil PHEBLO_PETROLEUM_IN Name of Authorized Transporter of Casing	が教 or Condensate C.	D Address (Gi P.O.	ve address to whice BOX 8249	h approved copy of ROSWEL th approved copy of	L, NM	88202	
If well produces oil or liquids, give location of tanks.	Unit Sec 29 Twp. 29 105	2 8 ge: Is gas actual	lly connected?	When ?			
If this production is commingled with that find the IV. COMPLETION DATA							
Designate Type of Completion - Date Spudded		Well New Well Total Depth	i i	Deepen Plug P.B.1	Back Same Ro	cs'v Diff Res'v	
Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Formation	Top Oil/Gar	Top OlVGas Pay		Tubing Depth		
Perforations				Depth Casing Shoe			
	TUBING, CASING	AND CEMENT	ING RECORD)			
HOLE SIZE	CASING & TUBING SIZ	Ε	DEPTH SET		SACKS CEMENT		
V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank	TFOR ALLOWABLE ecovery of total volume of load oil Date of Test		or exceed top allo Method (Flow, pw		ı or be for full 2	4 hours.)	
Leagth of Test	Tubing Pressure	Casing Pre-	Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.	Waler - Bb	Water - Bols.		Gas- MCF		
GAS WELL				<u> </u>			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Cond	Bbls. Condensate/MMCF		Gravity of Condensate		
Festing Method (pitol, back pr.)	Tubing Pressure (Shui-in)	oing Pressure (Shui-in) Casing Pressure (Shui-in)		Chu	Clicke Size		
VI. OPERATOR 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.			OIL CONSERVATION DIVISION Date Approved AUG 2 9 1991				
Contran March			-				
Signature Anthony Uzquidez Prod. Clerk Printed Name 08/22/91 1-625-0342			By <u>ORIGINAL SIGNED BY</u> MIKE WILLIAMS Title <u>SUPERVISOR</u> DISTRICT II				
	Telephone No.						

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 Kequest for anowable for newly diffied of deepened werr must be accompanied by tabulation of deviation tests laken in a 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.
 For the C. 10 to the state of the test black third completed wells.