

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

MAR 24 1983

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
O. C. D.
ARTESIA, OFFICE

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LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	<input checked="" type="checkbox"/>
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)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Plains 29	Well No. 4	Pool Name Including Formation NE Ranch Und. Race Track SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> line and <u>330</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				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, New Mexico 88210					
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 D	Sec. 29	Twp. 10S	Rge. 28E	Is gas actually connected? No	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 1-29-83	Date Compl. Ready to Prod. 3-19-83		Total Depth 2302'		P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.) 3732.8	Name of Producing Formation San Andres		Top Oil/Gas Pay 2206		Tubing Depth 2260			
Perforations 2206-10', 2212-22', 2235-48', 2280-85', 2294-96'					Depth Casing Shoe 2302			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8" 24#	320'	250 sks Class C w/2%
7 7/8"	4 1/2" 9.5#	2302'	125 sks Class C Self Stress w/2% CaCl

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(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)

Date First New Oil Run To Tanks 3-19-83	Date of Test 3-19-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 35	Oil-Bbls. 30	Water-Bbls. 5	Gas-MCF TSTM

GAS WELL

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

1. 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.

Production Secretary

March 22, 1983

OIL CONSERVATION DIVISION

APR 04 1983

APPROVED _____, 19____

BY _____
Original Signed By
Leslie A. ClementsTITLE _____
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.