

FILE NO.	
DATE	
FILE	
U.S.D.I.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	
Operator	

P.O. BOX 2068
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Cibola Energy Corporation ✓

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

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Coatinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (State explanation)
RECEIVED
MAR 11 1983

If change of ownership give name and address of previous owner

O. C. D.
ARTESIA, OFFICE

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
CB Plains	3	Und. Race Track SA	State, Federal or Fee	
Location				
Unit Letter	M	990 Feet From The West Line and 330 Feet From The South		
Line of Section	17	Township 10S Range 28E, NMPM, Chaves	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	P.O. Box 159, Artesia, New Mexico					
Name of Authorized Transporter of Coatinghead Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	17	10S	28E		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
1-17-83	3-8-83		2349'					
Elevations (OF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3767.9	San Andres		2219			2128		
Perforations						Depth Casing Shoe		
2219-2295						2344		

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#	2344	125 sks Class C w/2
			CaC
	2 3/8"	2128'	

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 oil able for this depth or be for full 24 hours)

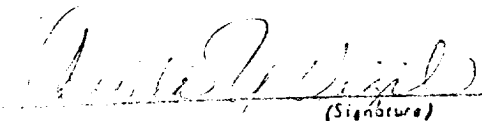
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-8-83	3-8-83	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	N/A	N/A	N/A
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
20	20	5	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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.


(Signature)

PRODUCTION SECRETARY
(Title)

MARCH 9, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 22 1983**

Original Signed By
BY Leslie A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1194.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the desired tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of oil well name or number, or transporter or other such change of well data.
Separate Form O-194 must be filled for each pool in recompleted wells.