1.	CHARTER OIL CASES CARTA LE CARTA LE CARTA LE CARTA LE CARTA LE CARTER OIL CAS OPERATOR PROBATION OFFICE CIBOLA ENERGY C Address	AUTHORIZATION TO TRA	FOR ALLOWABLE AND INSPORT OIL AND NATURAL C	Num C-104 Superseden Old C-103 and C-1 Effective 1-1-05
	1005 Marquette Reoson(s) for filing (Check proper box,		Other (Please explain)	
	New Well Change in Transporter of: Change name of operator from Coronado Recompletion Oil Dry Gas Exploration Corp. to CIBOLA ENERGY Change in Ownership Casinghead Gas Condensate CORPORATION			
If change of ownership give name Well is now P&A				
II. DESCRIPTION OF WELL AND LEASE				
Leise Name W. Cato 1 Und. Cato San Andres State, Federal or Fee Fee				-
	Location			
	Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line of Section 18 Township 8S Range 30E , NMFM, Chaves County			
III.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)
		of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)		
	Nome of Authorized Transporter of Cas			
	If well produces cil or liquids,		Is gas actually connected? When	
cive location of tarks. If this production is commingled with that from any other lease or pool, give commingling order number:				
IV CONDUCTION DATA				Plug Back Same Resty, Diff. Resty.
	Designate Type of Completio	n = (X)	1 1 1 1 1 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Destantion	<u> </u>	ļ	Depth Casing Shoe
	Perforations			
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT
	HOLE SIZE			
			1	
			÷	+
v.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exc able for this depth or be for full 24 hours)			
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				t, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
				Gas • MCF
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	
	l	L	<u> </u>	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
				Choke Size
	Testing Mathod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED, 19	
			BY	
			BY	
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense 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 allow- shie 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.	
	([)a	1¢)	Separate Forms C-104 must be filed for each pool in multiply completed wells.	