Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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## OIL CONSERVATION DIVISION

- P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	10		<u> </u>		1011/12 G/					
<u></u>						i				
Citation Oil & Gas Corp.					30-031- 20020					
Address										
8223 Willow Place S. Ste 250 Houston, Texas 77070  Reason(s) for Filing (Check proper box)    X Other (Please explain)										
New Well  Change in Transporter of:  Change in Transporter of:										
New Well Change in Transporter of:										
							ı name i	14051	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
If change of operator give name										
and address of previous operator										
II. DESCRIPTION OF WELL AND LEASE										
				<u> </u>					ase No.	
					ah LWY Sand S			atox Federal ox Rose NM-12335		
Location										
Unit Letter E : 2160 Feet From The Northine and 660 Feet From The West Line										
12 c . 17N 9W -						M-Winley				
12 Section 17N Township 9W Range , NMPM, McKinley County										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil or Condensate										
Ciniza Pipeline										
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
, Unit Sec. Twp. Rge.			is gas actually connected?			When?				
E	12		· : :	L		I			لـــــــــــل	
rom any oth	ner lease or	pool, gi	ve commingl	ing order num	er:				<del> </del>	
	100000		C - 224 **	1 31 300 5	1 111 -	1 -	) Bu = :	1	<u> </u>	
· (X)	I On Well	1 '	uas Well	I New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
	pl. Ready to	Prod	•	Total Depth	1	<u> </u>	PRTD	l		
Date Spudded Date Compl. Ready to Prod.				F.B.1.D.						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay Tubing Depth						
Perforations					Depth Casing Shoe					
						D	·			
HOLE SIZE CASING & TUBING SIZE					DESTRICET SACKS CEMENT					
			POR E							
			M							
				<b>F</b> FEB·2·8·1994						
T FOR A	LLOWA	BLE				p p	DILA 1			
covery of 10	val volume o	of load	oil and must	be equal so or	exceed top of	world for in	s depin di odi	or full 24 how	·s.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test								į		
ength of Test Tubing Pressure				Casing Pressu	re		Choke Size	Choke Size		
ctual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
						<del></del>	<u> </u>			
			<u> </u>			=				
al Prod. Test - MCF/D Length of Test					sate/MMCF		Gravity of Condensate			
The state of the s								Chake Sine		
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
- TT 07	001 =	* *	·	]		<del></del>	<u> </u>	<del></del>		
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONCLITYATION DIVISION ,					
is true and complete to the best of my knowledge and belief.					Deta Annual FER 2 8 1994					
					Date Approved FED 6 0 1774					
Sharou (ward					_					
Signature					By <u>ORIGINAL SIGNED BY ERNIE BUSCH</u>					
Sharon Ward Prod. Reg. Supv.					DEDUTY OH & GAS INSPECTOR DIST #3					
Printed Name Title 713-469-9664					DCT U11	OIL O UND	13601 LOIVA	,		
Date 713-469-9664  Telephone No.										
	Ste 25  Oil Casinghes  AND LE  SPORTE  Chead Gas  Unit  E rom any oth  (X)  Date Com  Name of P  CA  Tobing Pre  Cate of the covery of ite  Cate of the covery of ite  Tubing Pre  ATE OF  Tubing Pre  ATE OF  Tubing Pre  ATE OF  Tobions of the covery of ite  ATE OF  Tobions of the covery of ite  Tubing Pre  ATE OF  Tobions of the covery of ite  ATE OF  Tubing Pre  ATE OF	Ste 250 Hou Change in Oil Casinghead Gas	Change in Transpolic Casinghead Gas  Cooder  AND LEASE	Change in Transporter of:  Oil Dry Gas Casinghead Gas Coodensate  AND LEASE  Well No. Pool Name, Including 12 South Hosp  : 2160 Feet From The South Hosp  : 2160 Fee	Ste 250 Houston, Texas 77070    Ste 250 Houston, Texas 77070   Ste 250 Houston, Texas 77070   Ste 250 Houston, Texas 77070   Ste 250 Houston, Texas 77070   Ste 250 Houston, Texas 77070   Ste 250 Houston, Texas 77070   Ste 250 Houston   To ste 250 Houston	Ste 250 Houston, Texas 77070    Change in Transporter of:   Other (Please explication)   Other (Please	Ste 250 Houston, Texas 77070    Ste 250 Houston, Texas 77070   South (Piesse explain)	Ste 250 Houston, Texas 77070  Change in Transporter of:  Caringhead Gas   Condensate   To show correct well name    Caringhead Gas   Condensate   To show correct well name    AND LEASE   Well No.   Pool Name, Including Formation    12 South Hospah LIV   Sand   States Federal or For States    Responsible   States   States   States    12 South Hospah LIV   Sand   States Federal or For Formation    12 South Hospah LIV   Sand   States Federal or For Formation    13 South Hospah LIV   Sand   States Federal or Formation    14 South Hospah LIV   Sand   States Federal or Formation    15 States   States   States   States   States    16 States   States   States   States   States   States    17 South Hospah LIV   Sand   States   States   States   States    18 States   States   States   States   States   States   States    19 Range   North Line and   660   Feet From The Address   Give address to which approved copy of this file of the Address   Give address to which approved copy of this file    19 States   States   States   States   States   States   States   States   States    10 States   State	Ste 250 Houston, Texas 77070    Change in Transporter of	

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 with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells, it
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  4) Separate Form C-104 must be filed for each pool in multiply completed wells.
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