STATE OF NEW MEXICO Form C-104 Revised 20-1-78 ENERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION ---P. O. BOX 2088 DISTRIBUTION SANTA FE, NEW MEXICO 87501 BANTA FE FILE U.S.G.S LAND OFFICE REQUEST FOR ALLOWABLE TRAMSPORTER AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR --Operator Citation Oil & Gas Corp. 16800 Greenspoint Park Drive Suite 300 South Atrium Aggress Houston Texas Reason(s) for filing (Check proper box) 77060-2304 Other (Please explain) Change in Transporter of: New Well Dry Gas Cil Recompletion Condensate Casinghead Gas Change in Ownership Tenneco Oil Company, P.O. Box 3249, Englewood, CO 80155 If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Lease No. well No. | Pool Name, Including Formation Kind of Lease FEDERAL State, Federal or Fee SOUTH HOSPAHLOWER NM - 8 36 SAND Feet From The MORTH Line and McKinley Count 9W , NMPM. 17N 12 Township Range Line of Section 1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil BOX 1887, Bloomfield, NM 87413 CINIZA PIPELINE Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas ____ When is gas actually connected? Twp. Rge. If well produces oil or liquids, 12 1711:91 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Piuc Back Gas Well Designate Type of Completion - (X) P.B.T.D. Date Compi. Ready to Proc. Total Depth Date Spugged Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top alloa able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Tee: Date First New Oll Run To Tanks Chose Size Coaing Pressure Tubing Pressure Length of Test Woter - Bbis. OU - Bhis. Actual Prod. During Test

Gravity of Concenedte GAS WELL Bbis. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Chose Size Cosing Pressure (Shet-is) ubing Pressure (Shat-18) Testing method (puot, back pr.)

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.

1) 1 2/	
Delira Herris	
 (Signature)	

Debra Harris, Production Coordinator

(Title)

11/17/87; Effective Date 11/1/87

(Date)

OIL CONSERVATION RIVER 2 0 1387 APPROVED. SUPERVISION DISTRICT # 3

TITLE . This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens 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.