Form C-104 Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

	DISTRIBUTION					
	BANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	TRAMSPORTER	_	OIL			
		GAS			1	
	OPERATOR					
1.	PROBATION OFFICE					<u> </u>
	Operator	Citation Oi				i I
	Aggress	16800 Green				n s

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į	U.S.G.S.		,*	
	LAND OFFICE	REQUEST FO	R ALLOWABLE	
	TRANSPORTER		ND /	
	OPERATOR GAS	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS	
1	PROBATION OFFICE			
•	Contains	Cas Cann		
	Citation Oil &	uas corp.		
	Aggress 16000 Commons	nt Park Drive Suite 300	South Atrium	
	10000 Greenspoi	nt rark brive suite soo .	South Att Tum	
	Houston Texas Reason(s) for filing (Check proper box	7/000-7304	Other (Please explain)	***
		Change in Transporter of:		
	New Well	Cil Dry Go		
	Recompletion		₹	
	Change in Ownership XX	Casinghead Gas Condei	nsate C	
	**	7 0:3 6	D 0 D 2040 F1-	. א ממ ממזרר
	If change of ownership give name and address of previous owner	Tenneco Uil Company	, P.O. Box 3249, Englewo	od, CU 80155
: I.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	: Wall Ma Dool Name nc! uding t	ormation Kind of Lease	FEDERAL Loase No.
	SOUTH HOSPAH UNI	IT 30 SOUTH HOSPIHL	LAPER TAND - State, Federa	1 or Foo NM - OF 12012
	Location		×3 1/1	
	0 00	- North	se and 1980 Feet From	The EPST
	Unit Letter D: 75	O Feet From The NORTH Lin	se and 7700 Feet From	ine
		7.741	011	Ma Kanalana Garman
	Line of Section 12 Tox	waship 17N Range	9W , NMPM,	McKinley County
ı.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which appro-	
	Name of Authorized Transporter of Ci.	or Condensate XX	Andress (Give dauress to which appro-	
	CINIZA PIPELINE	_	BOX 1887, Bloomfield,	NM 8/413
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent;
				<u> </u>
		Unit Sec. Twp. Rgs.	Is gas actually connected? Who	en.
	If well produces oil or liquids,	1 1 1 1 1 1 1 1		:
	give location of tanks.	1 /	<u> </u>	
	If this production is commingled wi	th that from any other lesse or pool,	give commingling order number:	
₹.	COMPLETION DATA			Pluc Back 'Same Resty, Diff. Resty.
		Oli Well Gas Well	New Well Workover Deepen	P.U. BUCK SMINE THE VI PINE THE
				* .
	Designate Type of Completic	on – (X)	! ! !	
		Date Compl. Ready to Proc.	Total Depth	P.B.7.D.
	Designate Type of Completic		Total Depth	P.B.T.D.
	Date Spudaed	Date Compl. Ready to Proc.	Total Depth Top Oll/Gas Pay	P.B.T.D. Tubing Depth
	Date Spudaed Elevations (DF, RKE, RT, GR, etc.)	Date Compl. Ready to Proc.		
	Date Spudaed	Date Compl. Ready to Proc.		Tubing Depth
	Date Spudaed Elevations (DF, RKE, RT, GR, etc.)	Date Compi. Ready to Proc. Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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Debra Harris, Production Coordinator

(Title)

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.

tests taken on the well in accordance

Fill out only Sections I. H. 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 multiply completed wells.