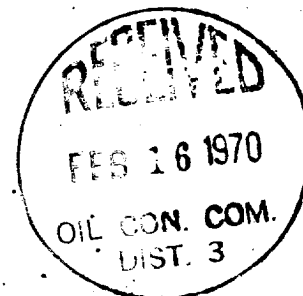


TABULATION OF DEVIATION TESTS

TENNECO OIL COMPANY



<u>DEPTH</u>	<u>INCLINATION</u>
1368	1°
1750	1°
2216	1-1/2°
2262	1°
2875	1°
2885	1-1/4°

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken on TENNECO OIL COMPANY's

Whigham No. 3, Unit Letter H, 2300' F/NL, 350' F/EL, Section 11, T17N, R9W, McKinley County, New Mexico

Signed

B. A. Ford
Agent

THE STATE OF COLORADO)

CITY AND COUNTY OF DENVER)

BEFORE ME, the undersigned authority, on this day personally appeared *L. A. Ford* known to me to be an Agent for Tenneco Oil Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this *12th day of February, 1970*.

Marsha Evans

My commission expires

My Comm. expires

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Citation Oil & Gas Corp		Well API No. 30-031-20129
Address 8223 Willow Place south #250 Houston, Texas 77070		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator TENNECO Oil Co.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Whigham	Well No. 3	Pool Name, Including Formation Hospar Lone Pine Dakota	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter H : 2300 Feet From The N Line and 350 Feet From The E Line Section 11 Township 17N Range 9W, NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NO OIL	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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? Used on Lease	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. 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 allowable for this depth for 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size NOV 20 1989
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls. OIL CON. DIV DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 Lee Ann Elsom
Lee Ann Elsom Production Analyst
Printed Name
11/15/89 713/469-9664
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 20 1989

By 3. W. Elsom

Title SUPERVISOR DISTRICT #3

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.
- 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.