NERGY AND MINERALS DEPARTMENT

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DISTRIBUTIO	O W	
SANTA FE		
FILE		
U.1.0.1.		
LAND OFFICE		
TRANSPORTER	DIL	
	GAS	<u>l</u>
OPERATOR		

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Citation Oil & Gas Corp. 16800 Greenspoint Park Drive Suite 300 South Atrium Houston Texas 77060-2304 Other (Please explain). Epinaterz w well wind course - her Change in Transporter of: a. Hespan Unit # 50 Now Well Dry Gas INJECTION Casinghead Gas Change in Ownership XX If change of ownership give name and address of previous owner Tenneco Oil Company, P.O. Box 3249, Englewood, CO 80155 I. DESCRIPTION OF WELL AND LEASE | Well No. Lease No. King of Lease Pool Name, Including Formation FEDERAL State, Federal or Fee LI PPFRZI. HOSPAH Nm Feet From The Line and 9W NMPM, McKinley County 17N 12 Range Township Line of Section I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate BOX 1887, Bloomfield, NM 87413 hec CINIZA PIPELINE Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Ges 🗀 Apen is gas actually connected? Unit Sec. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Resty, Diff. Resty. Workovet Piug Back O11 Well New Well Designate Type of Completion - (X) P.B.T.D. Date Compi. Ready to Proc. Top OU/Gas Pay Tubing Depth Elevations (DF. RKE, RT, GR. esc.) Name of Producing Formation Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 1 (Test must be after recovery of total volume of load oil and must be equal to or exceed top alloable 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 Test Date First New Oil Run To Tanks Chose Sige Casing Pressure wound Steemens Length of Test Woter - Bbis. Cos - MCF Actual Prod. During Test OII - BMs. GAS WELL Gravity of Concensate Bbis. Condensore/MMCF Actual Prod. Test-MCF/D Length of Test-Chose Size Cosing Pressure (Shut-in) Tubing Pressure (Shut-La) Testing Method (pitol, back pr.) OIL CONSERVATION DIVISION 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.

Á) 1/14 K	Nassa	·/
		(Signature)	
Dohra	Harris	Production	Coordinator

(Title)

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

(Dase)

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APPROVED	3 w chang
BY	SUPERVISION DISTRICT # 8

This form is to be filed in compliance with RULE 1184.

If this is a request for allowable for a newly drilled or deepened 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, all name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply moleted wells.