

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

RECEIVED
SLM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.
NM-12335

6. If Indian, Allottee or Tribe Name
1:20

7. U.S. or CA. Agreement Designation
N.M.

8. Well Name and No.
Hospah 53

9. API Well No.

10. Field and Pool, or Exploratory Area
South Hospah Lower

11. County or Parish, State
McKinley, NM

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Citation Oil & Gas Corp.

3. Address and Telephone No.
8223 Willow Place South Ste 250 Houston, TX 77070 (713) 469-9664

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
950' FNL & 330' FEL of Sec. 12-T17N-R9W

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Citation requests approval to maintain this well in long term shut-in status for the purpose of evaluating the wellbore for future production potential.

RECEIVED
SEP 13 1992
OIL COLL. DIV.
DNT. 3

THIS APPROVAL EXPIRES SEP 15 1993

14. I hereby certify that the foregoing is true and correct

Signed Sharon E. Ward Title Prod. Regulatory Supv. Date 9-4-92

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

APPROVED

SEP 15 1992

AREA MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

NMOCD