

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Citation Oil & Gas Corp.Address 16800 Greenspoint Park Drive Suite 300 South Atrium
Houston, Texas 77060-2304

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐
Casinghead Gas ☐Dry Gas ☐
Condensate ☐

Other (Please explain)

Operator's well name change from
Hosplan to So. Hosplan Unit #48If change of ownership give name
and address of previous ownerTenneco Oil Company, P.O. Box 3249, Englewood, CO 80155

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>So. Hosplan Unit</u>	Well No. <u>48</u>	Pool Name, including Formation <u>SOUTH HOSPLAN LIPPER SAND</u>	Kind of Lease <u>Federal</u>	Lease No. <u>NM-12335</u>
Location Unit Letter <u>G</u> : <u>1485</u> Feet From The <u>NORTH</u> Line and <u>2817</u> Feet From The <u>EHST</u>			State, Federal or Fee <u>NM</u>	
Line of Section <u>12</u>	Township <u>17N</u>	Range <u>9W</u>	NMPM, <u>McKinley</u> County	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>CINIZA PIPELINE</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 1887, Bloomfield, NM 87413</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	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 <u>C</u>	Sec. <u>12</u>
	Twp. <u>17N</u>	Rge. <u>9W</u>
Is gas actually connected?		When

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

II. 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, RKE, 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

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 or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls.

GAS WELL

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

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.

Debra Harris
(Signature)

Debra Harris, Production Coordinator

(Title)

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

(Date)

OIL CONSERVATION DIVISION

NOV 20 1987

APPROVED

BY

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 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, 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.