

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. 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 <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	
Tenneco Oil Company, P.O. Box 3249, Englewood, CO 80155	

1. DESCRIPTION OF WELL AND LEASE	
Lease Name	Well No.
HOSPAN	49
Pool Name, including Formation	Kind of Lease
SOUTH HOSPAN LOWER SANDS	Federal
State, Federal or Fee	Lease No.
NM	12335
Location	
Unit Letter	Feet From The
B	NORTH
Feet From The	Line and
2117	Feet From The
EAST	
Line of Section	Township
12	17N
Range	9W
NMPM	McKinley
County	

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
CINIZA PIPELINE	BOX 1887, Bloomfield, NM 87413
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
	B
	Sec.
	12
	Twp.
	17N
	Rge.
	9W
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:	
1. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well
	Gas Well
	New Well
	Workover
	Deepen
	Plug Back
	Same Resrv.
	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.
	Total Depth
Elevations (DF, RKE, RT, GR, etc.)	Name of Producing Formation
	Top Oil/Gas Pay
Perforations	Tubing Depth
	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
Actual Prod. During Test	Oil - Bbls.
	Water - Bbls.
	Chose Size

GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.)	Tubing Pressure (Short-1b)
	Casing Pressure (Short-1b)
	Chose 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	
TITLE	
SUPERVISION DISTRICT # 3	
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.	