

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I.

Operator CITATION OIL & GAS CORP.	
Address 16 800 GREENS POINT PARK DRIVE, SUITE 300 S. ATRIUM, HOUSTON, TX 77060	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	CHANGE IN OPERATOR FROM TESORO TO CITATION 10/26/87
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

PREVIOUS OPERATOR

If change of ownership give name and address of previous owner **TESORO PETROLEUM CORPORATION, 8700 TESORO DRIVE, SAN ANTONIO, TX 78217**

II. DESCRIPTION OF WELL AND LEASE

Lease Name HOSPAN SAND UNIT 54	Well No. 54	Pool Name, including Formation SP. HOSPAN Lower Sand	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 081208
Location				
Unit Letter A	1319 Feet From The	N Line and	5 Feet From The	E
Line of Section 12	Township 17N	Range 9W	NMPM, Mc KINLEY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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?	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 5/17/74	Date Compl. Ready to Prod. 6/19/74		Total Depth 1624'		P.B.T.D. 1619'			
Elevations (DF, RKB, RT, GR, etc.) 6937' GL	Name of Producing Formation HOSPAN		Top Oil/Gas Pay 1594'		Tubing Depth 1600' EST.			
Perforations 1594' - 1604'					Depth Casing Shoe 1624'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 1/2"		DEPTH SET 38'		SACKS CEMENT 75			
7 3/8"	5 1/2"		1624'		225			

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 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 - MCF

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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ASPA PRODUCTION MANAGER
TESORO PETROLEUM CORPORATION
11/25/87
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 07 1987**, 19_____
BY **Supervisor**
TITLE **SUPERVISION DISTRICT # 8**

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.