

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST 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)	Other (Please explain)
New Well <input type="checkbox"/>	INJECTION WELL
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	
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 <u>HOSPAN</u>	Well No. <u>58</u> Pool Name, including Formation <u>SOUTH HOSIAH LOWER SAND</u>	Kind of Lease <u>FEDERAL</u>	Lease No. <u>221203</u>
Location		State, Federal or Fee <u>NM</u>	
Unit Letter <u>F</u>	<u>2580</u> Feet From The <u>NORTH</u> Line and <u>1640</u> Feet From The <u>WEST</u>		
Line of Section <u>12</u>	Township <u>17N</u>	Range <u>9W</u>	County <u>McKinley</u>

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)
<u>CINIZA PIPELINE INJECTION WELL</u>	<u>BOX 1887, Bloomfield, NM 87413</u>
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:	
1. 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, CR, 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-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pistol, 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.	
<u>Debra Harris</u> (Signature) Debra Harris, Production Coordinator (Title) 11/17/87; Effective Date 11/1/87 (Date)	
OIL CONSERVATION DIVISION APPROVED <u>NOV 20 1987</u> BY <u>Frank J. [Signature]</u> TITLE <u>DEVIATION DISTRICT #8</u> 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.	