## NERGY AND MINERALS DEPARTMENT

DISTRIBUTION				
SANTA FE				
FILE		1		
U.S.G.b.		]		
LAND OFFICE				
TRAMPORTER	ناة			
	9 AS	Ţ		
OPERATOR		<u> </u>		
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Debra Harris, Production Coordinator (Tare)

(Date)

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

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

REQUEST FOR ALLOWABLE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	PRODUCTION OFFICE					
••	Citation Oil & Gas Corp.					
	16800 Greenspoint Park Drive Suite 300 South Atrium					
	Houston, Texas 77060-2304  Reason(s) for filing (Check proper box)  Other (Please explain)					
	New Well	Change in Transporter of:				
	Recompletion	Cii Dry Go	"   1/1/2-	7		
	Change in Ownership XX Casinghead Gas Condensate CUATER INTECTION WELL					
	If change of ownership give name Tenneco Oil Company, P.O. Box 3249, Englewood, CO 80155					
I.	I. DESCRIPTION OF WELL AND LEASE					
•	Lease Name	Well No.   Pool Name, including !	1 / 1	e, Federal or Fee NM - 03/2017		
	HOSPAH 59 SOUTH HOSPAH LOWER SANT State, Federal or Fee NM - 08/2012					
	Unit Letter E: 2840 Feet From The NORTH Line and 2500 Feet From The EAST					
	Line of Section 12 Tox	enship 17N Range	9W , NMPM,	McKinleyCounty		
	Line of Section 12 Tox	mahip I/N Romg◆		rick thirty.		
ı.	L. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Cil	DOV 1007 D1				
		VATER LNTECTION  Sungneed Gas Cor or Dry Gas Cor		sch approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Adaress (Give adaress to which approved copy of this form is to be						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs.	ls gas actually connected?	, When		
	If this production is commingled wit	th that from any other lesse or pool,	give commingling order num	ber		
	COMPLETION DATA	Oil Well Gas Well		eepen Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on = (X)				
	Date Spudded	Date Compi. Ready to Proc.	Total Depth	P.B.T.D.		
	Elevations (DF, RKE, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
	Perforations		<u> </u>	Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
			DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE				
		<u> </u>				
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and affects and all of exceed top allow able for this depth or be for full 24 hours)						
ĺ	Date First New Oil Run To Tanks	Date of Teet	Producing Method (Flow, pur	Mey2 MIN		
	Length of Test	Tuping Pressure	Casing Pressure	Sie Sie		
	Actual Prod. During Tool	Cli-Bbis.	Water-Bbis.	Gas • MCF		
			<u> </u>			
	GAS WELL	<u></u>				
[	Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensore/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)	Cosing Pressure (Shwt-12)	Chore Size		
	fantrik merring fariati ages brit					
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.		OIL CONSERVATION DIVISION				
		NOV 2 0 1981				
		3				
		BY				
			TITLE	SUPERVISION DISTRICT #3		
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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. E. III, and VI for changes of owner, rell 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.