

OIL CONSERVATION DIVISION

P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS REQUESTED	
DISTRIBUTION	
LAND OFFICE	
FILE	
U.S.M.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
OPERATION OFFICE	

Operator
CITATION OIL & GAS CORPORATION

Address
16800 GREENSPPOINT PARK DRIVE-SOUTH ATRIUM, SUITE 300, HOUSTON, TX 77060-2304

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter oil: Oil Dry Gas

Accomplishment Casinghead Gas Condensate

Change in Ownership

If change of ownership give name and address of previous owner: **SHELL WESTERN E&P INC., P. O. BOX 576, HOUSTON, TX 77001**

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE A	Well No. 2X	Pool Name, including Formation EUMONT YATES 7 RIVERS QUEEN	Kind of Lease State: XXXXXXXXXX	Lease
Location Unit Letter A ; 990 Feet From The North Line and 660 Feet From The East				
Line of Section 12	T. and R. 21S	Range 35E	County LEA	State N.M.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or **Shell Pipeline Corporation** (Give address to which approved copy of this form is to be sent)
Effective 4-1-94 P. O. BOX 1910, MIDLAND, TX 79701

Name of Authorized Transporter of Casinghead Gas or **Phillips 66 Natural Gas Company** (Give address to which approved copy of this form is to be sent)
Effective: February 1, 1992 P. O. BOX 5050, BARTLESVILLE, OK 74004

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

No Change **Yes** **NA**

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	Some Rekey	Drill
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.D.					
Environment (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

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 table for this depth or be for full 24 hours)

Date First New Oil Ran 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/MCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

VI. 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)
Production Coordinator
(Title)
1/20/87; effective 12/1/86
(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 6 1987**, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
TITLE **DISTRICT I SUPERVISOR**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of cond
Separate Forms C-104 must be filed for each pool in mul