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	LAND OFFICE				
	TRAMSPORTER	OIL]	Ĭ.	
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	OPERATOR				
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OIL CONSERVATION DIVISION

DISTRIBUTION	P. Q. B	OX 2088	
SANTA FE		W MEXICO 87501	
FILE			
U.S.G.S.	•		
LAND OFFICE	REQUEST FO	OR ALLOWABLE	
TRANSPORTER	-	AND /	
OPERATOR	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS	
Operator OFFICE			
Citation Oil &	Gas Corp.		
Address 1.0000 C			
10800 Greenspo	int Park Drive Suite 300	South Atrium	
Houston, Texas	77060-2304	1000-100	
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Cil Div C	75	
Change in Ownership XX	Casinghead Gas Conde	ensate []	
// -t/	- 0.2		
If change of ownership give name and address of previous owner	Tenneco Uil Company	<mark>/, P.O. Box 3249, Enalew</mark> o	od, CO 80155
·			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including	Formation Kind of Lease LANCE SAUS- State, Federal	* FEDERAL Loase N
SOUTH HOSPAH LINIT	- 34 SOUTH HOSPAH	WARR SCHO- State, Federa	al or Foo NM - 8269
Location	,		
12 12	20 Feet From The NORTH LI	ne and 1700 Feet From	The NEST
Unit Letter F: 180	Total Field The France	1 001 1 1011	
Line of Section 12 To	ownship 17N Range	9W , NMPM.	McKinley Count
Line of Section 12 To	ponenty 1711 Naide	<u> </u>	TICK TITLEY COUNTY
	TER OF OU AND NATURAL C	A.C.	
	TER OF OIL AND NATURAL G	AS Assess (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of Of	/A	BOX 1887, Bloomfield,	
CINIZA PIPELINE			
Name of Authorized Transporter of Co	ssingneed Gas or Dry Gas	Address (Give address to which appro	vec copy of this form is to be sent/
		<u> </u>	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
give location of tanks.	F 12 17N 9W	<u> </u>	<u> </u>
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			
	'Oil Well 'Gas Well	New Well Workover Deepen	'Plug Back 'Same Resty, 'Diff. Res
· · · · · · · · · · · · · · · ·		1 1 1 1 1 1	1
Designate Type of Completi			
Designate Type of Completi		Total Depth	P.B.T.D.
	on - (X)		P.B.T.D.
	on - (X)		P.B.T.D.
Date Spudded	Date Compl. Ready to Proc.	Total Depth	
Date Spuded	Date Compl. Ready to Proc.	Total Depth	
Dene Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Proc.	Total Depth	Tubing Depth
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Fill out only Sections I. E. IE. 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.

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