

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

INJECTION WELL

If change of ownership give name and address of previous owner Tenneco Oil Company, P.O. Box 3249, Englewood, CO 80155

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>HOSPAN</u>	Well No. <u>56</u>	Pool Name, Including Formation <u>SOUTH HOSPAN LEPPER SAND</u>	Kind of Lease <u>FEDERAL</u>	Lease No. <u>081307</u>
Location				
Unit Letter <u>A</u>	<u>1100'</u> Feet From The <u>NORTH</u> Line and <u>1275</u> Feet From The <u>EAST</u>			
Line of Section <u>12</u>	Township <u>17N</u>	Range <u>9W</u>	NMPM, <u>McKinley</u>	County

I. 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:

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKE, RT, GR, 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, gaslift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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

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)

Debra Harris, Production Coordinator

(Title)

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

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 20 1987BY Bill J. [Signature]
TITLE SUPERVISION DISTRICT # 3

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.



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

NM 12335

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

South Hospah/Upper Hospah

9. WELL NO.

56

10. FIELD AND POOL OR WILDCAT

Hospah

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

NE/NE/4 Section 12,
T17N, R9W

12. COUNTY OR PARISH

McKinley

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☐ OTHER Dual water injector
2. NAME OF OPERATOR Citation Oil & Gas Corp
3. ADDRESS OF OPERATOR P. O. Box 2487, Farmington NM 87499
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1100' FNL, 1275' FEL Section 12, T17N, R9W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6944 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Request 60 day extension

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.*

PREVIOUS WORK:

4-16-88: MIRUSU. Change wellhead. Attempted to pressure test casing annulus.
Established flow through bradenhead. ROMOSU. Left well SI.

INTENDED WORK:

Request 60 day extension from previous May 1, 1988 deadline to evaluate
repair alternatives for this well.

THIS APPROVAL EXPIRES

JUL 01 1989 DIST. 2

18. I hereby certify that the foregoing is true and correct

SIGNED

James E. Edwards

TITLE Division Engineer

(This space for Federal or State office use)

DATE

4/27/88

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

James E. Edwards

*See Instructions on Reverse Side

NMOCQ