

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS OPERATING	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	

CITATION OIL & GAS CORP.

Address

16800 GREENSPPOINT PARK DRIVE, SOUTH ATRIUM - STE. 300, HOUSTON, TX 77060-2309

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter oil:

Oil ☐Dry Gas ☒Casinghead Gas ☐Condensate ☐

Other (Please explain)

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
ANTELOPE RIDGE UNIT	6	ANTELOPE RIDGE MORROW	State, Federal or Free FEDERAL	
Location	Unit Letter	Feet From The	Line and	Feet From The
	G	1980	North	1980
	Line of Section	T. and R.	Range	Lea
	03	24 S	34 E	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
SHELL PIPELINE CORPORATION	☒	P. O. BOX 1910, MIDLAND, TX 79702
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
CITATION OIL & GAS CORP.	☒	16800 GREENSPPOINT PARK DR., SOUTH ATRIUM STE. 300, HOUSTON, TX 77060-2309
Is well producing oil or liquids, give location of tests.	Is gas actually connected?	When
NO CHANGE!		

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 Restr.	Other
Date Spudded	Is a Compl. Ready to Prod.	Test Depth	PERIOD.					
Perforations (DF, RKE, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing 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:
able 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	Chase Size
Actual Prod. During Test	Oil-Edis.	Water-Edis.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/G	Length of Test	Edis. Condensate/MWCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Static-12)	Casing Pressure (Static-12)	Chase 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 5 1987

BY

ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 1 SUPERVISOR

This form is to be filled 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 device
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of oil
well name or number, or transporter, or other such change of condiSeparate Forms C-104 must be filled for each pool in multi
completed wells.

RECEIVED

FEB 4 1987

CCO

HOBB'S OFFICE