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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. ARTESIA OFFICE TO TRANSPORT OIL AND NATURAL GAS

Operator Citation Oil & Gas Corp.	Well API No. 30-015-25133
Address 16800 Greenspoint Pk. Dr. #300 S. Houston, TX 77060	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name IB 32 State	Well No. 1-Y	Pool Name, Including Formation Indian Basin Morrow	Kind of Lease State, Federal or Fee	Lease No. V-991-2 & V-993-1
Location Unit Letter <u>M</u> : <u>1270'</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>West</u> Line 32 Section 21 S Township 24 E Range, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Marathon Oil Company	P.O. Box 552, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<u>No</u>	<u>8-18-89</u> <u>Need pipeline connection</u>

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	Same Res'v	Diff Res'v
		X			X			X
Date Spudded 2-10-89	Date Compl. Ready to Prod. 3-23-89	Total Depth 10,200'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 4295' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 9678'		Tubing Depth 7300' 7530'				
Perforations 9678' - 9710'				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
17 1/2"	13 3/8"	524'			2200			
11"	9 5/8"	2405'			1640			
8 1/4"	7"	8132'			950			

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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 3-22-89	Length of Test 24 hrs	Bbls. Condensate/MMCF 1306	Gravity of Condensate 60%
Testing Method (puck, back pr.) back pressure	Tubing Pressure (Shut-in) 1752#	Casing Pressure (Shut-in) 0	Choke Size 12/64

VI. OPERATOR 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.

Signature Sharon Evans
Printed Name Sharon Evans Title Prod. Admin. Assistant
Date 4-6-89 Telephone No. 713-874-9877

OIL CONSERVATION DIVISION

Date Approved MAY 9 1989

By Original Signed By
Mike Williams

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1. Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2. All sections of this form must be filled out for allowable on new and recompleted wells.
3. Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4. Separate Form C-104 must be filed for each pool in multiply completed well.