

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 COPIES RECEIVED					
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRODUCTION OFFICE					
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"/>	Dry Gas	
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<i>WATER INJECTION WELL</i>

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	Well No.	Pool Name, including Formation	Kind of Lease	FEDERAL	Lease No.
<u>SOUTH HOSAH UNIT</u>	<u>17</u>	<u>SOUTH HOSAH UPPER SAND</u>	State, Federal or Fee	<u>NM - OIL 208</u>	
Location	Unit Letter <u>C</u> : <u>2250</u> Feet From The <u>NORTH</u> Line and <u>3000</u> Feet From The <u>WEST</u>				
Line of Section	12	Township	17N	Range	9W, N.M.P.M.
					County
					<u>McKinley</u>

II. 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>GINIZA PIPELINE</u> <u>WATER INJECTION</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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Dif'l Res'y.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, 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

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		<u>55720 1987</u>

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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

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.

OIL CONSERVATION DIVISION

NOV 20 1987

APPROVED

BY

SUPERVISION DISTRICT #3

TITLE

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.

Debra Harris
(Signature)

Debra Harris, Production Coordinator

(Title)

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

(Date)