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LEAD OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

Form C-104
 Revised 10-1-

**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

I. OPERATOR
 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 Change in Transporter of: Oil Dry Gas Other (Please explain)
 Recompletion Gas Condensate
 Change in Ownership Casinghead Gas

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: ANTELOPE RIDGE UNIT Well No.: 2 Pool Name, including Formation: ANTELOPE RIDGE MORROW Kind of Lease: STATE
 Location: Unit Letter: B : 660 Feet From The North Line and 1650 Feet From The East
 Line of Section: 04 Township: 24S Range: 34E N.M.P.M. Lea.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : SHELL PIPELINE CORPORATION Address (Give address to which approved copy of this form is to be sent): P. O. BOX 1910, MIDLAND, TX 79702
 Name of Authorized Transporter of Casinghead Gas or Dry Gas : CITATION OIL & GAS CORP. Address (Give address to which approved copy of this form is to be sent): 16800 GREENSPPOINT PARK DR., SOUTH ATRIUM STE. 300, HOUSTON, TX 77060-2309
 If well produces oil or liquids, give location of tanks: NO CHANGE! 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 Some Restr. Drill

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.I.D.
Intervalls (DF, RKE, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Particulars			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 100% allowable for this depth or be for full 24 hours)

Date First New Oil Ran 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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (push, back pr.)	Tubing Pressure (psig-lb)	Casing Pressure (psig-lb)	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, 19
 BY ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR
 TITLE _____

This form is to be filed 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 devt tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for a well on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multicompleted wells.

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