

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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, TX 77060

Reason(s) for filing (Check proper box)

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

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE PLACED AFTER 2/1/86 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Alexander	Well No. 1	Pool Name, Including Formation <del>Wildcat</del> <i>Caddell-Kern-Pan</i>	Kind of Lease State, Federal or Fee	Fee	Lease N N/A
Location					
Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>					
Line of Section <u>29</u> Township <u>15S</u> Range <u>36E</u> , NMPM, Lea Count					

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Sun Refining and Marketing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3187, Longview, TX 75606					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	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 L	Sec. 29	Twp. 15S	Rge. 36E	Is gas actually connected? No	When Will be used as fuel to run treater

If this production is commingled with that from any other lease or pool, give commingling order number:

N/A

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded 8/31/85	Date Compl. Ready to Prod. 11/4/85	Total Depth 10,851'	P.B.T.D. 10,842'					
Elevations (DF, RKB, RT, GR, etc.) 3911.5 GR	Name of Producing Formation Townsend <i>Lease</i>	Top Oil/Gas Pay 10,816'	Tubing Depth 10,838'					
Perforations 10,816' - 10,822'	FX					Depth Casing Shoe 10,851'		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	438'	450
11"	8-5/8"	4750'	1600
7-7/8"	5-1/2"	10,851'	900
7-7/8"	2-3/8"	10,838'	

## 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 10/27/85	Date of Test 11/8/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 22.0	Water - Bbls. 22.0	Gas - MCF 10

## GAS WELL

Actual Prod. Test-MCF/D N/A	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.

Production Clerk

(Title)

11/15/85

(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 11 1985, 19BY Eddie W. Seay  
Oil & Gas Inspector

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepener 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 multiple

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NOV 25 1985

O.C.D.  
HOBBS OFFICE