Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Depa. ent

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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator | | | | | | | Well / | VPI No. | | | |
|--|-----------------------------|----------------------|----------------------|--|---|-----------------|-------------------------------|--|---------------------|-------------------|--|
| • | Corp | | | | , | | | 30-025 | 5-03369 | | |
| Citation Oil & Gas | corp. | | | | | | | | | | |
| Address | 0 .1 . | 36. 050 | | | m | 7070 | | | | | |
| 8223 Willow Place | South S | ste 250 | Но | ouston, | Texas / | r (Please expla | -i=1 | | | | |
| Reason(s) for Filing (Check proper box) | | ~ · | ~ | | Effe | etive 2 | -1-92 G | as Trans | porter | change | |
| New Well | | Change in | | | | | | | | | |
| Recompletion Oil Dry Gas | | | | | | ctive ll- | -1-93 0 | il Trans | porter | change | |
| Change in Operator | Casinghea | ad Gas | Conde | nsate | | | | | | | |
| If change of operator give name and address of previous operator | | | | | | | | | | | |
| II. DESCRIPTION OF WELL | AND LE | ASE | , | | | | | | | No | |
| Lease Name | Well No. | 1 | lame, Includi | l Cinta | | | of Lease Regional province | _ | Lease No. B-1398 | | |
| State M | 6 Eumont Yat | | | tes 7 Ri | vers Que | en state, | State, MANATAWAY | | <u>98</u> | | |
| Location | | | | | | | | | | | |
| Unit LetterJ | _ :322 | 24 | Feet F | rom The N | orth Line | and198 | 30 F | et From The _ | East | Line | |
| | | | | | | | | | Too | Country | |
| 1 Section 21S Townsh | i <u>p 35E</u> | Ţ | Range | | , N | мрм, | | | Lea | County | |
| III. DESIGNATION OF TRAN | SPORTE | ER OF O | IL AN | D NATU | RAL GAS | | | | | | |
| Name of Authorized Transporter of Oil | | or Conden | | | Address (Giv | e address to wi | | | | | |
| EOTT Oil Pipeline Co | 1 | | | | P.O. Box 4666 Houston, Texas 77210-4666 | | | | | | |
| Name of Authorized Transporter of Casin | | <u> </u> | or Dry | Gas 🗀 | | | | | | | |
| | or Dry Gas | | | Address (Give address to which approved a Bartlesville, Oklahoma | | | | | | | |
| GPM Gas Corporation | 1, | l Coo l Truss | | | | |)KLANOMA When | | | | |
| If well produces oil or liquids, give location of tanks. Same | Unit | Sec. |]Т ч ър. 1 | Kge. | Is gas actuall | y connected! | l when | . : | | | |
| If this production is commingled with that | f | her lease or | L | ive comming | ing order num | ber . | | | | | |
| If this production is comminged with that IV. COMPLETION DATA | nom any oc | ilei lease oi | poor, gr | ive community | ing order nam | | | | | | |
| IV. COMPLETION DATA | . <u></u> | Oil Well | | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | - (X) | i | i | | i | İ | 1 | l | | | |
| Date Spudded | Date Com | ipl. Ready to | Prod. | | Total Depth | | | P.B.T.D. | | | |
| Thereion (DE BYD PT CP etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Dep | Tubing Depth | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | | | | | | | |
| Perforations | | | | | | | | Depth Casin | ig Shoe | | |
| | | | | | | | | | | | |
| | - | TIBNC | CASI | NG AND | CEMENTI | NG RECOR | 2D | | | | |
| | | | | | | DEPTH SET | | 9 | SACKS CEM | IENT | |
| HOLE SIZE | - CA | CASING & TUBING SIZE | | | DEFINSE | | | | | | |
| | | | | | | | | | | | |
| • | | | | | <u> </u> | | | | | | |
| | | | | | | | | - | | | |
| | | | | | <u> </u> | | | | | | |
| V. TEST DATA AND REQUE | ST FOR | ALLOW | ABLE | E. | | | | | | | |
| OIL WELL (Test must be after | recovery of t | otal volume | of load | oil and musi | be equal to or | exceed top all | lowable for th | is depth or be | for full 24 hou | <u>urs.)</u> | |
| Date First New Oil Run To Tank | Date of T | | | | Producing M | ethod (Flow, p | ump, gas lift, | eic.) | | | |
| | | | | | | | | | | | |
| Length of Test | Tubing Pr | essure | | | Casing Press | иге | | Choke Size | | | |
| | | | | | | | | <u> </u> | | | |
| Actual Prod. During Test | Oil - Bbls | NI - Bble | | | | | | Gas- MCF | Gas- MCF | | |
| Actual From During Two | - | | | Water - Bbls. | | | | | | | |
| CACMENI | | | | | | | | | | | |
| GAS WELL | 11 | Ter' | - | | IRbir Conda | nsate/MMCF | | Gravity of | Condensate | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbls. Condensate/MMCF | | | | | | |
| esting Method (pitot, back pr.) Tubing Pressure (Shui-in) | | | | | Casing Pressure (Shut-in) | | | Choke Size | Choke Size | | |
| | | | | | | | | | | | |
| | | | | | ــــــال | | | 1 | | | |
| VI. OPERATOR CERTIFIC | CATE O | F COMI | PLIA | NCE | | 011 001 | MOED) | (ATIONI | DIVICI | 7 N I | |
| I hereby certify that the rules and regu | | | | | | OIL COI | 20FH A | AHON | וסומוח | אוע | |
| Division have been complied with and | that the infe | ormation giv | en abov | νε | | | | | | | |
| is true and complete to the best of my | knowledge | and belief. | | | D=1 | . Ann= | nd | | 12 | | |
| 200 222 Solipion to allo son of hij | | | | | Date | a Abbrove | AUM DE | 3 11 796 | 19 | | |
| Chapa. I had | | | | | Date Approved NOV 3 0 | | | | RRY SEXTON | | |
| Sy Yerrole Will | | | | | BA OSIGINAL CIGNED DA TESSA SI | | | | } | | |
| Signature | ח גיים | 'AG C | n17 | | - | ום | <u>£17.C1 →</u> | (, , , , , , , , , , , , , , , , , , , | | | |
| | Prod. R | eg. Su | PV. Tille | | 11 | | | | | | |
| Printed Name | | 71 | • | 0-0664 | Title | | | | | | |
| 11-9-93 | | | 3-40 ephone | 9-9664 | 11 | | | | | | |
| Date | | 1 6 | epnone | 140. | - 11 | | | | | | |

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 wells.