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.

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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

I.			BLE AND AUTHORI AND NATURAL G				
Operator		Well API No.					
Citation Oil & Gas		30-025-03371					
Address 8223 Willow Place	South Ste 25	O Houston	Taxas 77070				
Reason(s) for Filing (Check proper box)	South Ste 25	o nouscon,	Other (Please expl				
New Well	_	in Transporter of:	Effective 2	-1- 92-6 8	as Transp	orter ~c	hange
Recompletion		Dry Gas	Effective 11	-1- 93 0:	il Transp	orter o	hange
Change in Operator If change of operator give name	Casinghead Gas	_ Condensate					
and address of previous operator							
II. DESCRIPTION OF WELL	AND LEASE						
Lease Name	ise Name Well No. Pool Name, Includ					of Lease Lease No.	
State M	8 Eumont Ya		tes 7 Rivers Queen State, 1		B-1398		398
Location	01/		.1 22	1.0		.	
Unit Letter B	: 914	_ Feet From The NO	orth Line and 23	<u>10 </u>	et From The	_East_	Line
1 Section 21S Townshi	p 35E	Range	, NMPM,		L	ea	County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF C	OIL AND NATU	RAL GAS	hick approved	conv of this fore	n is to be se	nt)
EOTT Oil Pipeline Con		ne address to which approved copy of this form is to be sent) ox 4666 Houston, Texas 77210-4666					
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corporation			Bartlesville, (
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When	?		
give location of tanks. Same		<u></u>	<u> </u>		 		
If this production is commingled with that: IV. COMPLETION DATA	from any other lease of	r pool, give commingi	ing order number:				
Designate Type of Completion	- (X) Oil Well	ll Gas Well	New Well Workover	Deepen	Plug Back S	une Res'v	Diff Res'v
Date Spudded	Date Compl. Ready 1	to Prod.	Total Depth	<u>ــ</u> ـ ــا	P.B.T.D.		J
			T 0'4'C P	····	1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth			
Perforations				Depth Casing Shoe			
	TUBING	, CASING AND	CEMENTING RECOR	D			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
		 			<u> </u>	 -	
	-	 					
V. TEST DATA AND REQUES							
	,	of load oil and must	be equal to or exceed top alle			full 24 how	·s.)
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pa	ump, gas lijī, e	(c.)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Asset Bard Barden Torn	Oil Phie		Water - Bbls.		Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		Water - Boile				
GAS WELL			1				
Actual Prod. Test - MCF/D	Bbls. Condensate/MMCF		Gravity of Cor	densate			
					O alla Sia		
Testing Method (pilot, back pr.)	Tubing Pressure (Shu	u-in)	Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC				ISERV	ח ואסודג	IVISIC	N
I hereby certify that the rules and regular Division have been complied with and t	OIL CONSERVATION DIVISION						
is true and complete to the best of my k	mowledge and belief.	-50 moto	Date Approve	d NO	V 3 0 199	3	
Ch mu 1)	nnd)		11	<u> </u>			
Signature W	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Sharon Ward P	rod. Reg. Su			. , , u. —			
Printed Name 11-9-93	71	Title 3-469-9664	Title				
Date		ephone No.			= = :		

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.