

REGISTRATION	
DATE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
OPERATION OFFICE	

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

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
CITATION OIL & GAS CORPORATION

Address
16800 GREENPOINT PARK DRIVE-SOUTH ATRIUM, SUITE 300, HOUSTON, TEXAS 77060-2304

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter ☐
Accomplishment ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner SHELL WESTERN E&P INC., P. O. BOX 576, HOUSTON, TEXAS 77001

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE L	Well No. 3	Pool Name, including Formation EUMONT YATES 7 RIVERS QUEEN	Kind of Lease State, Federal or Free STATE	Lease STATE
Location Unit Letter W : 660 Feet From The South Line and 1980 Feet From The East Line of Section 01 Township 21S Range 35E N.M.P.M. Lea Cas				

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, TEXAS 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ PHILLIPS 66 NATURAL GAS COMPANY - GPAM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 5050, BARTLESVILLE, OK. 74004
If well produces oil or liquids, give location of tanks. NO CHANGE	Is gas actually compressed? ☒ Yes ☐ No NA

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	Revised	Complex	Plug Back	Shut-in	Drill R
Date Spudded	Date Casing Ready to Prod.	Casing Depth	P.D. 1111					
Perforations (DF, AKS, RT, CR, etc.)	Name of Producing Formation	Test Oil/Gas Pay	Testing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed 10% of total volume for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Cable Size
Actual Prod. During Test	Oil-Boils	Water-Boils	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Boils, Condensate/MCF	Gravity of Condensate
Testing Method (puls, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Cable 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.

Debra Harris
(Signature)

Production Coordinator

(Title)

1/20/87; effective 12/1/86

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 6 1987 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

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

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able 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 filled for each pool in multi-completed wells.