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

State of New Mexico Energy, Minerals and Natural Resources Department

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.		O IHAI	N25	OH I OIL	AND NA	I URAL GA		Pl No.			
Operator	_								2202		
Citation Oil & Gas Corp.						30-025-03392					
Address 8223 Willow Place	South St	- 250	но	weton	Toxac 7	7070					
Reason(s) for Filing (Check proper box)	SOULII ST	200	110	Juscon,	Oղհ	er (Piease expla				_	
New Well	(Change in	Transp	orter of:	Effec	tive 2-	1-92 G	as Trans	porter	change	
Recompletion	Effective 11-1-93 Oil Transporter change										
Change in Operator	Casinghead	Gas 🗌	Conde	nsate							
f change of operator give name											
and address of previous operator							-				
II. DESCRIPTION OF WELL	- Formation Kind			of Lease No.							
Lease Name	Well No. Pool Name, Including 4 Eumont Yat				ur i otti-maos			State, Festoral proviers B-14		00	
State L		4	Lu	mont la	Les / Ki	vers que					
Location	. 1930	١	E E	The	South	e and1980)· Fe	et From The	East_	Line	
Unit Letter R	_ : <u>+</u> 330		ree r	rom the	<u> </u>	C 200					
1 Section 21S Townshi	p 35E		Range		<u>, N</u>	мрм,			Lea	County	
III. DESIGNATION OF TRAN	ISPORTE	R OF OI	L AN	ND NATU	RAL GAS	re address 10 wi	().	Leann of this f	orm is to be se	et)	
Name of Authorized Transporter of Oil	X	or Conden:	sale								
EOTT Oil Pipeline Company						P.O. Box 4666 Houston, Texas 77210-4666 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas GPM Gas Corporation					Bartlesville, Oklahoma 74004						
					ls gas actually connected? When?						
give location of tanks. Same											
If this production is commingled with that	from any other	r lease or p	pool, g	ive commingl	ling order nurr	ber:					
IV. COMPLETION DATA									· · · · · · · · · · · · · · · · · · ·		
	00	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion					Total Depth	<u> </u>	J	P.B.T.D.	<u> </u>		
Date Spudded	Date Comp	i. Ready to	Prod.		ioai Depui			F.B.1.D.			
El CE PER PE CO MA	Name of Pr	oducina Fo	matio	on .	Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								•			
Perforations					J			Depth Casi:	ng Shoe		
	T	UBING,	CAS	ING AND	CEMENT	NG RECOR				.=	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					ļ						
·											
				•				 			
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	Ē	-L						
OIL WELL (Test must be after	recovery of to	tal volume	of load	– d oil and mus	t be equal to c	r exceed top al	lowable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Tes		<u></u>		Producing N	iethod (Flow, p	ump, gas lift,	esc.)			
	Tubing Pressure							I Challe Size	Choke Size		
Length of Test					Casing Pressure			Choke Size			
	Oil - Bbls.				Water - Bbls.			Gas- MCF			
Actual Prod. During Test											
					1			_!			
GAS WELL					- C	AD (CC		Gravity of	Condensale		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
	Tubing D-	Tubing Program (Shut in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Cauling 1 100010 (Otto 10)						
		COM		NICE	1						
VI. OPERATOR CERTIFIC	AIE OF	Oil Conne	-1.1.1A	UNCE		OIL CO	NSER\	/ATION	DIVISI	ON	
I hereby certify that the rules and regu Division have been complied with and	that the info	mation giv	en abo	ove							
is true and complete to the best of my	knowledge a	nd belief.			Dat	e Approvi	ed NUV	3 O 19 93			
						Date Approved NOV 3 0 1993 ORIGINAL SIGNED BY JERRY SEXTON					
Syanan	uan	$(\mathcal{Y}_{-}$			RV		ne jiwikan Netrict i	PERVISO	วห		
Signature	Prod. Re	o Sir	יים		"						
Sharon Ward Printed Name	ilou. Ke	-6. Ju	Title	:	Ti+1	e					
11-9-93				59-9664		·					
Date		Tel	ephone	No.	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.