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

State of New Mexico .nergy, Minerals and Natural Resources Depa.

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd. Aziec NM 87410

1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST	FOR AL	LOWAE	SLE AND	AUTHORI	ZATION				
I.					TURAL GA	AS				
Operator						1	VPI No.			
Citation Oil & Gas	Corp.				<u> </u>	1 30-	<u>-025–033</u>	94		
Address 8223 Willow Place	South Ste 2	50 Hoi	uston.	Texas 7	7070					
Reason(s) for Filing (Check proper box)		30	<u> </u>	Ou	er (Please expla	ain)	T		ahanaa	
New Well	- 4	in Transpor			etive 2-					
Recompletion \square	Oil Casinghead Gas	Dry Gar		Effe	ctive ll	-1-93 0	il Trans	porter	change	
Change in Operator	Cabighead Gas (Conden	<u> </u>		,					
and address of previous operator				 					•	
II. DESCRIPTION OF WELL		·····								
Lease Name	Well N			ng Formation		Conn	of Lease Restorat peoples	_	23se No.	
State M Location	11	Lum	ont la	tes / K	ivers Que	en		- 1 B-	1398	
Unit Letter H	. 1980	East Err	om The NO	orth 15-	e and	660:5	et Erom The	East	Line	
Onit Letter			om the gre				201101111110			
1 Section 21S Townshi	_p 35E	Range		<u>, N</u>	МРМ,			Lea	County	
III. DESIGNATION OF TRAN	SPORTER OF	OII. ANI	O NATIII	RAT. GAS						
Name of Authorized Transporter of Oil					ve address to wh	nich approved	copy of this fo	orm is to be se	ri)	
EOTT Oil Pipeline Cor	mpany	Effecti	yy ripei	пр. 6. в	ox 4666 1	Houston	Texas	77210-46	666	
Name of Authorized Transporter of Casing	ghead Gas 🔀	or Dry	6 1. 19.	Address (Ui	ve adaress to wi	uch approvea	copy of this je	orm is to be se	nt)	
GPM Gas Corporation If well produces oil or liquids,	Unit S∞.	Twp.	l Poe		sville, O ly connected?	klahoma) When		···		
give location of tanks. Same	1	1 wp.	VEC	is gas acutar	y comeacu.	"""	•			
f this production is commingled with that	from any other lease	or pool, give	e commingli	ing order nur	ber:					
V. COMPLETION DATA						1 5	Diver Deals	C D	bia pi.	
Designate Type of Completion	- (X)	'ell [C	ias Well	New Well	Workover	Deepen	Plug Back 	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	y to Prod.		Total Depth	J	·	P.B.T.D.			
				T 0'00	T					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Periorations							Depth Casin	g Shoe		
	T			CEMENTI	NG RECOR	.D	1	A OKO OFILE	CLIT	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			<u> </u>	SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·										
	 									
V. TEST DATA AND REQUES	ST FOR ALLOV ecovery of total volum	WABLE	ومرس امسم ان	he equal to a	r exceed top all	amable for thi	s denth or be t	or full 24 hou	rs.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	ne oj toda o	u ana musi	Producing M	ethod (Flow, pu	ump, gas lift, e	:1c.)	o, j		
Length of Test	Tubing Pressure Oil - Bbls.			Casing Pressure Water - Bbls.			Choke Size			
Actual Prod. During Test							Gas- MCF			
word tion rank test	Oil - Duis.									
GAS WELL		······		·——.						
tual Prod. Test - MCF/D Length of Test				Bbls. Conde	nsate/MMCF		Gravity of C	Gravity of Condensate		
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Testing Method (pilot, back pr.)							GIORE SIZE			
AL ODED A TOD CEDITEIC	ATE OF CON	ADI TAN	ICE				.!			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above				NOV 3 0 1993						
is true and complete to the best of my h	cnowledge and belief	•		Date	e Approve	d				
change which					ORIGINAL SIGNED BY JERRY SEXTON					
Signature				∥ By_			PERVISOR			
Sharon Ward Printed Name	rod. Reg. S	upv. Title								
11-9-93		13-469-		Title						
Dec		elenhone N		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.