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

State of New Mexico nergy, Minerals and Natural Resources Depa

Revised 1-1-89
See Instructions at Bottom of Page

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Country | | | | | | | | | | | | |
|--|---|---|---|---------------------------------|--|-----------------|---------------|---|--|-------------|--|--|
| entor | | | | | | | | Well API No. 30-025-03457 | | | | |
| Citation Oil & Gas Corp. | | | | | | | | 30-023-03437 | | | | |
| Address | | | | | | | | | | | | |
| 8223 Willow Place | South | Ste 250 |) <u>H</u> | ouston, | | | | | | | | |
| Reason(s) for Filing (Check proper box) | Other (Please explain) | | | | | | | | | | | |
| New Well Change in Transporter of: | | | | | Effective 2-1-92 Gas Transporter change | | | | | | | |
| Recompletion Oil X Dry Gas Change in Operator Casinghead Gas Condensate | | | | | Effective 11-1-93 Oil Transporter change | | | | | | | |
| Change in Operator | - 70 ULI ITUMOPOTEUT CHANGE | | | | | | | | | | | |
| If change of operator give name and address of previous operator | | | | | | | | | | | | |
| • • | | | | | | | | | | | | |
| II. DESCRIPTION OF WELL | AND LE | ASE | | | | | • | | | | | |
| Lease Name | Well No. Pool Name, Include | | | ing Formation | | | Kind of Lease | | ease No. | | | |
| State A | 3 | 3 Eumont Ya | | | tes 7 Rivers Queen | | | State Affecters Korn France | | | | |
| Location | | | | | | | | | | | | |
| Unit Letter G | . 23 | 10 | <u>.</u> | NT | | . 2515 | | | | | | |
| Unit Letter | _ : | 10 | reet t | rom The N | OFER Lie | e and _2515 | | Feet From The | East | Line | | |
| 12 Section 215 Townshi | - 251 | - | n. | | | | | | | _ | | |
| 12 Section 215 Townshi | p 351 | <u>t </u> | Range | | , N | MPM, | | | I.ea | County | | |
| THE DECICE AND ADDRESS OF THE ADDRES | .cn.c.n | | | | | | | | | | | |
| III. DESIGNATION OF TRAN | SPURIE | CK OF OI | LAN | D NATU | RAL GAS | | | | - | | | |
| Name of Authorized Transporter of Oil | X | oszroubau: | ene | (17 f)ipeli ve 4-1-0 | Address (Gir | ve address to w | hich appro | ved copy of this | form is to be se | :nt) | | |
| EOTT Oil Pipeline Con | ₁ P.O. B | P.O. Box 4666 Houston, Texas 77210-4666 | | | | | | | | | | |
| Name of Authorized Transporter of Casing | ghead Gas | X | or Dry | Gas 🔲 | Address (Giv | ve address to w | hich appro | ed copy of this form is to be sent) | | | | |
| GPM Gas Corporation | | | | Bartlesville, Okla | | | ahoma 74004 | | | | | |
| If well produces oil or liquids, | Sec. Twp. Rge. | | | | | | When? | | | | | |
| give location of tanks. Same | 1 | İ | • | i | | • | i | | | | | |
| If this production is commingled with that | from any oth | ner lease or p | xxol. gi | ve comming | ling order num | ber: | | | | | | |
| IV. COMPLETION DATA | • | | , &- | | | | | | | | | |
| | | Oil Well | | Gas Well | New Well | Workover | Deepe | Plus Back | Same Res'v | Diff Res'v | | |
| Designate Type of Completion | - (X) | 1 | i | | 1 | I OIROTE! | l Dupu | I I THE DAKE | 1 | pin kes v | | |
| Date Spudded | Date Com | pl. Ready to | Prod | | Total Depth | <u> </u> | <u></u> | 10000 | ــــــــــــــــــــــــــــــــــــــ | ┸ | | |
| F | | p.i. 1.(ac.) 1.a.c | | | | | | P.B.T.D. | | | | |
| Elevations (DE DEP DT CD 410) | | | | | Top Oil/Gas Pay | | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | i rop one oas ray | | | Tubing Depth | | | | |
| Perforations | | | | | | | | | | | | |
| remoiadous | | | | | | | | Depth Casin | ig Shoe | | | |
| | | | | | | | | | | | | |
| | T | UBING, (| CASI | NG AND | CEMENTI | NG RECOR | D | | | | | |
| HOLE SIZE | SING & TUBING SIZE | | | DEPTH SET | | | | SACKS CEME | ENT | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | ····· | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | | | | | |
| V. TEST DATA AND REQUES | T FOR A | LLOWA | BLE | | 1 | | | | | | | |
| OIL WELL (Test must be after re | | | | oil and must | he equal to or | exceed top all | oumble for | this death as he | for full 24 hour |) | | |
| Date First New Oil Run To Tank | Date of Tex | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 02 B/10 //BS1 | | | | | or just 24 now | 3.) | | |
| Determination of Rule to Talk | Producing Method (Flow, pump, gas lift, etc.) | | | | | | | | | | | |
| Leasth of Tax | | | | | | | | i Caratar Étar | Choke Size | | | |
| Length of Test | Tubing 1.00 | SUR | | | Casing Pressure | | | CHURE SIZE | | | | |
| | Oil - Bbls. | | | | | | | | | | | |
| Actual Prod. During Test | | | | Water - Bbls. | | | Gas- MCF | | | | | |
| | | | | | | | | i_ | | | | |
| GAS WELL | | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of T | l'est | | | Bbls. Conden | FOLL ADMICE | ···· | Gravity of C | `andan enta | | | |
| | Subgar of text | | | | Boils. Colideil | MENUNCI | | Giving of Conscious | | | | |
| esting Method (pilot, back pr.) | ressure (Shut-in) | | | Casing Pressure (Shui-in) | | | Choke Size | | | | | |
| esting Method (phot, back pr.) | | | | | | | | | | | | |
| | | | | ··· | | | | | | | | |
| /I. OPERATOR CERTIFICA | ATE OF | COMPL | LIAN | ICE | | | | /ATION | D. 11 (10 10 | | | |
| 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 ki | nowledge an | d belief. | | | Date | Approve | | , , , , , , | • | | | |
| \sim ι | . \ | Λ | | | Dale | Thhiose | <u> </u> | | | | | |
| Sharau. II hard | | | | | | ORIGINA | 1 610 | | | | | |
| Signature | | | | | By ORIGINAL SIGNED BY JERRY SEXTON | | | | | | | |
| Sharon Ward Prod. Reg. Supv. | | | | | | וט | PIRICT | SUPERVISO | R | | | |
| Printed Name | | - | Title | | Title. | | | | | | | |
| 11-9-93 | | 713- | <u>-469</u> | <u>-9664</u> | '''''' | | | | | | | |
| Date | | Teleph | none N | 0. | l I | | | | | | | |

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.