Submit 5 Copies
-Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Dep

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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				0.1. 0.				Well A	Pl No.				
Citation Oil & Gas Corp.								30-025-03458					
Address													
8223 Willow Place	South 9	Ste 250	н с	loueton	Teves 7	7070							
Reason(s) for Filing (Check proper box)		,		ous con,	Of	er (Please expl							
New Well	Effective 2-1-92 Cas Transporter change												
Recompletion Oil IX Dry Gas Change in Operator Casinghead Gas Condensate					Effective 11-1-93 Oil Transporter change								
Change in Operator	2110			,	/II II al	sporter	Change						
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL AND LEASE													
Lease Name	Well No.	Pool	Name, Includ	ing Formation			Kind of Lease Lease 1			ease No.			
State A		1 . 1			tes 7 Rivers Queen			State / TAGE HE KAN FROM		ex			
Location			1			VCIO QUE							
Unit Letter B	: 660	n	Eee	Emm The N	orth 1	e and <u>1980</u>		E	et From The	East	Line		
Omi Detter	_ · 		, rea	rioni the <u>Ai</u>	<u> </u>	C 490 _4200		1.0	er Liour like	2000			
12 Section 21S Townshi	e	, NMPM,				Lea County							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Name of Authorized Transporter of Oil X College Pipe De Daddress (Give address to which approved copy of this form is to be sent)													
EOTT Oil Pipeline Company Effective 4-1-94 P.O. Box 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)						ni)						
GPM Gas Corporation					Bartlesville, Oklahoma 74004								
If well produces oil or liquids,	Unit Sec. Twp. Rge.				Is gas actually connected? When				?				
give location of tanks. Same			L		<u> </u>								
If this production is commingled with that in IV. COMPLETION DATA	from any our	er lease or	pool, g	ive comming	ing older nun	ber:							
		Oil Well		Gas Well	New Well	Workover	Deep	en l	Plue Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	i	i				,	i					
Date Spudded	I. Ready to Prod.			Total Depth			P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth				
Perforations										Depth Casing Shoe			
TUBING, CASING AND						CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
 													
													
	-			•		<u></u>	, ,, - -			 			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLF	<u> </u>	l								
OIL WELL (Test must be after re					be equal to or	exceed top allo	owable fo	or this	depih or be j	for full 24 how	·s.)		
Date First New Oil Run To Tank	Date of Tes					ethod (Flow, pu				<u>-</u>			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	Oll Du					Water - Bbis.				Gas- MCF			
Actual Flot. During Test	Oil - Bbls.				Affet - Boir				SE MC				
GAS WELL	l				I				<u>. </u>				
Actual Prod. Test - MCF/D	Length of T	est			Bbls, Conden	sate/MMCF			Gravity of C	Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
	L				[
VI. OPERATOR CERTIFICA				NCE		און הטע	ISE	21//	TION	טואופוע	M		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					NOV 3 0 1993								
						Date Approved NOV 3 0 1993							
Sharan Ward					OPIGINAL SIGNED BY IFRRY CHARGO								
Signature David Bar Communication of the state of the sta					∥ By_	DISTRICT I SUPERVISOR							
Sharon Ward Prod. Reg. Supv. Printed Name Title								. 50	TISON	•			
11-9-93 713-469-9664						Criss				·			
Date		Telep	ohone l	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.