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Appropriate District Office
DISTRIC":
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

## OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Antesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		10 THA	MSP	JH I OIL	AND M	TURAL G		LADINA.			
Operator  Citation Oil & Con Conn						Well API No.					
Citation Oil & Gas Corp. Address						30-025-03465					
8223 Willow Place	South S	te 250	House	ston. T	exas 77	070					
Reason(s) for Filing (Check proper box)				, , ,		ther (Please expl	lain)	<del></del>			
New Well		Change in	Transpo	orter of:		, ,	•				
Recompletion	Oil		Dry Ga	ıs 🗆							
Change in Operator	Casinghea	id Gas 🔲	Condet	sate 🗌	Effe	ctive da	te ll-l	93			
f change of operator give name											
and address of previous operator			•								
II. DESCRIPTION OF WELL	L AND LE	,	1				1:				
Lease Name	Well No.   Pool Name, Includin				- 1			Kind of Lease State, Fothershork Rec		ase No.	
State H Location		2	<u> </u> Eum	ont Ya	tes / R	ivers Que	en				
Unit LetterA	: <u>660</u>	) ·	Feet Fr	rom The	North L	ine and	50	Feet From The	<u>Ea</u>	stLine	
13 Section 21S Towns	hip 35	5E	Range		<b>,</b> 1	NMPM,	<del></del>		Le	2 County	
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL AN	D NATU	RAL GAS	;					
Name of Authorized Transporter of Oil	IX)	or Conden				ive address to w	hich approv	ed copy of this f	orm is to be se	ni)	
EOTT Oil Pipeline Co	1 1			<u></u>	P.O. B	ox 4666 1	Houston	TX 77	<u>210-4666</u>		
Name of Authorized Transporter of Casinghead Gas x or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
GPM Gas Corporatio	GPM Gas Corporation					Bartlesville, Oklahoma 74004					
If well produces oil or liquids, give location of tanks. Same					Is gas actually connected? When?						
If this production is commingled with tha	t from any oth	ner lease or	pool, giv	ve comming	ling order nu	mber:					
IV. COMPLETION DATA											
Designate Type of Completion	n - (X)	Oil Well	(	Gas Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		nl Ready to	Prod		Total Depti			P.B.T.D.			
Date Spanner	Date Com	Date Compl. Ready to Prod.				•		1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations								Depth Casin	Depth Casing Shoe		
		TUBING, CASING AND							24000 0514		
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
<del></del>											
	-		-								
					1	·					
V. TEST DATA AND REQUE	ST FOR A	ALLOW	ABLE		J						
OIL WELL (Test must be after					be equal to	or exceed top al	lowable for I	this depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing	Method (Flow, p	oump, gas lift	i, elc.)			
: 					<u> </u>		<del></del>	Choke Size			
Length of Test	of Test Tubing Pressure				Casing Pre	ssure		Choke Size	CHORD SILV		
Actual Prod. During Test	uzi Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
Cit - Bois.											
CASWELL				<del></del>	<del></del>						
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Cond	lensate/MMCF		Gravity of	Condensate		
2 200 2 00t - 11(O1/D											
Testing Method (pitot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
							4				
VI. OPERATOR CERTIFIC	CATE OF	COME	PLIA	NCE		011 00	NOCO	VATION	DIVICIO	<b>N1</b>	
I hereby certify that the rules and reg						OIL CO	NOEH	VATION	الا 10 ا 10 ال	JN	
Division have been complied with an		_	en abov	e			AL	N 1 1 19	<b>3</b>		
is true and complete to the best of my	y knowledge a	na Deliei.			Da	te Approv	ed				
Strange 11	land					•					
Signature Vy 10 M	WXX				∥ Ву	0	RIGINAL S	SIGNED BY	ERRY SEX	ON	
					11						
	Reg. St	IDV.					DIST	rict i supe	#VISOR		
Printed Name 1-4-94	Reg. St. 713-469	-	Title		Titl	e	DIST	RICT I SUPE	#VI5OR		

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
- 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.