Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Minerals and Natural Resources Department Ene

Form C-103

Revised 1-1-89

DISTRICT II P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO. 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No.								
						SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name		
						1. Type of Well: OIL OAS WELL X WELL OTHER			State H		
2. Name of Operator			8. Well No.								
Citation Oil & Gas Corp. 3. Address of Operator			9. Pool name or Wildcat								
8223 Willow Place South Ste 250 Houston, Texas 77070			Eumont Yates 7 Rivers Queen								
4. Well Location Unit Letter A: 660	Feet From The North	Line and126	O Feet From Ti	he East	Line						
Section 13	Township 21S Rang	_e 35E	NMPM	Lea	County						
	10. Elevation (Show whether Di 3622 DF	F, RKB, RT, GR, etc.)									
11. Check A NOTICE OF INT	Appropriate Box to Indicate NENTION TO:		Report, or Other I BSEQUENT RE								
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	A1	LTERING CASING							
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. 🔲 PI	LUG AND ABANDO	DNMENT						
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB								
OTHER: OTHER:											
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details, and	give pertinent dates, incl	uding estimated date of st	sarting any proposed							
Citation Oil & Gas Cor	p. plans to add addition	onl perfs in s	ame zone. Th	is work wil	l be						
done in March of 1991.		,									
I hereby certify that the information above is true	and complete to the best of my knowledge and b			2 27	0.1						
SIGNATURE MOTOR	Co WWW mu	<u> Production</u>	n Records Supv								
TYPE OR PRINT NAME Sharon E	. Ward			TELEPHONE NO. /	<u>13-469-9</u> 66						
(This space for State Use)					7						
APPROVED BY	тп	Ε		DATE)						