Submit 5 Copies Appropriate District Office DISTRICT 1			inerals	and Natu	w Mexico ral Resources		t		Form C· Revised 1 See Instr at Botton	-1-89
P.O. Box 1980, Hobbs, NM 88240	0	IL CO	ONSI	ERVA'	TION DI	VISION	Į			
DISTRICT II P.O. Drawer DD, Anesia, NM 88210		San		P.O. Bo: New Me	x 2088 xico 87504-	2088				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUE	ST FO					ATION			
I.	10	<u>) THAI</u>	NSPO	RIUL	AND NATU		Well A	PI No.		
Operator Citation Oil & Gas	Corp.				•		30-	025-034	71	
Address 8223 Willow Place S	outh Ste	250	Houst	ton, Te	exas 7707	0				
Reason(s) for Filing (Check proper box)					Other	(Please explai	1)			
New Well	C Oil	hange in (X)	Transport Dry Gas							
Recompletion	Casinghead (Condens		Effect	ive date	11-1-9	93		
If change of operator give name								<u> </u>		
and address of previous operator II. DESCRIPTION OF WELL A	AND LEAS	E								
Lease Name	Well No. Pool Name, Inclu				ng Formation K tes 7 Rivers Queen S			Kind of Lease State, Fethird XOK Fee X		ase No.
State H	_ <u></u>	1Y	Eumo	ont Yat	es / Riv	ers Quee	<u>n </u>			
Location Unit LetterP	. 330		Feet Fro	m The <u>Sc</u>	outh_Line a	nd <u>990</u>	Fø	t From The _	East	Line
					, NMI				Lea	County
13 Section 21S Township		<u>5E</u>	Range							
III. DESIGNATION OF TRAN	SPORTER	<u>of of</u>		NATU	RAL GAS	address to whi	ch approved	copy of this fo	orm is 10 be se	nt)
Name of Authorized Transporter of Oil EOTT Oil Pipeline Com		Eff	ective	4-1-94	P.O. Box	4666 Ho	ouston.	TX 772	<u>10-4666</u>	
Name of Authorized Transporter of Casing		X	or Dry (the second s	Address (Give	address 10 whi	ch approved	copy of this fo	orm is to be se	nt)
GPM Gas Corporation	·			l Bee	Bartles Is gas actually	ville, (<u>)klahom</u> When			•••••••••••••••••••••••••••••••••••••••
If well produces oil or liquids, give location of tanks. Same	Unit S	iec.	Twp.	Kge.	is gas accounty					
If this production is commingled with that i	from any other	lease or	pool, giv	e commingli	ing order numbe	r				
IV. COMPLETION DATA		Oil Well		Jas Well		Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)				i i			L	1	
Date Spudded	Date Compl.	Ready to	Prod.		Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
			· ·				Depth Casing Shoe			
Perforations										
					CEMENTIN		D	T	SACKS CEM	FNT
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			<u> </u>		
·		<u> </u>								· ·
				•						······································
Y. TEST DATA AND REQUES	ST FOR AL	LLOW	ABLE		1					
OIL WELL (Test must be after r	recovery of 104	al volume	of load o	oil and must	be equal to or i	exceed top allo	wable for th	is depth or be	for full 24 hou	urs.)
Date First New Oil Run To Tank	Date of Test				Producing Met	thod (<i>Flow, pu</i>	mp, gas iyi,	816.j		
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
					Water - Bbis.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Which - Doil					
GAS WELL	<u></u>									
Actual Prod. Test - MCF/D	Length of T	esi			Bbls. Condens	ate/MMCF		Gravity of	Condensate	
	Tubice Pro				Casing Pressure (Shut-in)		Choke Size			
Testing Method (pilot, back pr.)	Tuoing Fres	Tubing Pressure (Shut-in)								
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIAN	NCE						NC
I hereby certify that the rules and regu Division have been complied with and	lations of the (Dil Conse	rvation						DIVION	UN
Division have been complied with and		d belief.		-	Date	Approve	dJAN 1	1 1994		
is true and complete to the best of my	knowledge an	~				- FE - 7 - 7	-			
is true and complete to the best of my										
is true and complete to the best of my Shout Ok	Ward					ORIGI				Ł
is true and complete to the best of my Should know the state of my Signature Sharon Ward Prod.	Ward		Title		By_		DISTRICT	I SUPERVI	SOR	!
is true and complete to the best of my Signature Sharon Ward Prod. Printed Name	Ward		Title				DISTRICT		SOR	ł

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.

	Inergy, Minerals and OIL CONSER P.C Santa Fe, Nev REQUEST FOR ALLOV	of New Mexico Natural Resources Departt VATION DIVISION D. Box 2088 w Mexico 87504-2088 WABLE AND AUTHORIZAT OIL AND NATURAL GAS		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page		
Operator		•	Well API No.			
Citation Oil & Gas	s Corp.		30-025-0347	•		
Address	South Ste 250 Houston	. Texas 77070				
Reason(s) for Filing (Check proper box, New Well Recompletion Change in Operator		Other (Please explain)	11-1-93			
change of operator give name ad address of previous operator				······.		
I. DESCRIPTION OF WEL	LAND LEASE					
Lease Name	Well No. Pool Name, I	Including Formation	Kind of Lease State, FellerstockFeax	Lease No.		
State H	1Y Eumont	: Yates 7 Rivers Queen	Suit, 1-2-1-	<u></u>		
Location Unit Letter <u>P</u> 13 Section 21S Town		he <u>South</u> Line and <u>990</u> , NMPM,	Feet From The	East Lin		
<u></u>						
II. DESIGNATION OF TRA	NSPORTER OF OIL AND N.	ATURAL GAS Address (Give address to which	approved copy of this form	n is to be sent)		
Name of Authorized Transporter of Oil		P.O. Box 4666 Hou				
EOTT Oil Pipeline C Name of Authorized Transporter of Ca			approved copy of this form	n is to be sent)		
GPM Gas Corporati		Bartlesville, Ok	<u>lahoma 74004</u>			
If well produces oil or liquids,	Unit Sec. Twp.	Rge. Is gas actually connected?	When?			
ive location of tanks. Same						
f this production is commingled with U V. COMPLETION DATA	hat from any other lease or pool, give cor	nmingling order number.				
V. COMPLETION DATA	Oil Well Gas W	Vell New Well Workover	Deepen Plug Back S	ame Res'v Diff Res'v		
Designate Type of Completion		i i				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Houseney Lowerson	•				
Perforations		<u> </u>	Depth Casing	Shoe		
		AND CEMENTING RECORD	SA	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTHSET				
· · · · · · · · · · · · · · · · · · ·						
· · · · · · · · · · · · · · · · · · ·						
······································						
V. TEST DATA AND REQU	EST FOR ALLOWABLE	the second ten allow	ble for this depth of he for	full 24 hours.)		
	er recovery of total volume of load oil an Date of Test	Producing Method (Flow, pump	, gas lift, etc.)	<u></u>		
Date First New Oil Run To Tank						
				the second s		
		Casing Pressure	Choke Size			
	Tubing Pressure					
		Casing Pressure Water - Bbls.	Choke Size Gas- MCF			
Length of Test	Tubing Pressure					
Length of Test Actual Prod. During Test GAS WELL	Tubing Pressure Oil - Bbls.	Water - Bbis.	Gas- MCF	ndensale		
Length of Test Actual Prod. During Test	Tubing Pressure			ndensale		
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Tubing Pressure Oil - Bbls. Length of Test	Water - Bbis.	Gas- MCF	ndensale		
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Tubing Pressure Oil - Bbls.	Water - Bbls. Bbls. Condensate/MMCF	Gas- MCF Gravity of Cc	ndensale		
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.)	Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in)	Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gas- MCF Gravity of Cc Choke Size			
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIF	Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in) TCATE OF COMPLIANCH egulations of the Oil Conservation	Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gas- MCF Gravity of Cc			
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIF I hereby certify that the rules and n Division have been complied with i	Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in) TCATE OF COMPLIANCH egulations of the Oil Conservation and that the information given above	Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) E OIL CONS	Gas- MCF Gravity of Cc Choke Size SERVATION [
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIF	Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in) TCATE OF COMPLIANCH egulations of the Oil Conservation and that the information given above	Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) E OIL CONS	Gas- MCF Gravity of Cc Choke Size SERVATION [
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Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIF I hereby certify that the rules and n Division have been complied with is true and complete to the best of the SMACA	Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in) TCATE OF COMPLIANCH egulations of the Oil Conservation and that the information given above	Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) E OIL CONS Date Approved ByORIGINA	Gas-MCF Gravity of Cc Choke Size SERVATION [JAN 1 1 1992 JAN 1 1 1992	DIVISION		
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIF I hereby certify that the rules and n Division have been complied with is true and complete to the best of the Signature	Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in) TICATE OF COMPLIANCH egulations of the Oil Conservation and that the information given above my knowledge and belief. Ward	Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) E OIL CONS Date Approved ByORIGINA	Gas-MCF Gravity of Cc Choke Size SERVATION [JAN 1 1 1992	DIVISION		
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIF I hereby certify that the rules and n Division have been complied with is true and complete to the best of	Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in) TICATE OF COMPLIANCH egulations of the Oil Conservation and that the information given above my knowledge and belief. Ward	Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) E OIL CONS Date Approved ByORIGINA	Gas-MCF Gravity of Cc Choke Size SERVATION [JAN 1 1 1992 JAN 1 1 1992	DIVISION		

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