

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
DATE	
FILE	
W.D.O.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATION	NAT
OPERATION OFFICE	

CITATION OIL & GAS CORPORATION

Address
16800 GREENPOINT PARK DRIVE-SOUTH ATRIUM, SUITE 300, HOUSTON, TEXAS 77060-2304

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter etc. ☐ Other (Please explain)
Accomplishment ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner SHELL WESTERN E&P INC., P. O. BOX 576, HOUSTON, TEXAS 77001

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
STATE N	11	EUMONT YATES 7 RIVERS QUEEN	State, Federal or Fee	STATE
Location	Unit Letter I	1650 Feet From The South Line and 990 Feet From The East	Line of Section 24	T. 21S R. 35E

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
SHELL PIPELINE CORPORATION	P. O. BOX 1910, MIDLAND, TEXAS 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
PHILLIPS 66 NATURAL GAS COMPANY	P. O. BOX 5050, BARTLESVILLE, OK. 74004
If well produces all or liquids, give location of tests.	Is gas actually collected? when
NO CHANGE	

If this production is commingled with that from any other lease or pool, give commingling order number

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Refract	Plug Back	Stim. Res.	Drill A
Date Spudded	Date Comm. Ready to Prod.	Casing Depth	Test Depth					
Perforations (DF, RAE, RT, CR, etc.)	Name of Producing Formation	Test Oil/Gas Pay	Testing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed 10% of total for this depth or be for full 24 hours)

Date First New Oil Ran To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Start-Is)	Casing Pressure (Start-Is)	Casing Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Debra Warren
(Signature)

Production Coordinator

(Title)

1/20/87; effective 12/1/86

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 5 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED
FEB 4 1987
OCD
HOBBS OFFICE