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Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 83210

State of New Mexico Energy, Minerals and Natural Resources Depo-ent

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I . | ! | OTRA | <u> 11125</u> | OHIOIL | <u>- AND NA</u> | TURAL GA | | | | | | |
|--|-----------------------------|--------------|---------------|---------------------------------------|--|--|--------------------------------------|--|-------------------|-------------|--|--|
| Operator | | | | *** | • | | Well | API No. | NOS 0075 | - | | |
| Citation Oil & Gas | Corp. | | | | | | | 30-0 | 025-0350 | <u></u> | | |
| Address 8223 Willow Place _ | South S | te 250 |) На | ouston | Texas 7 | 7070 | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | <u> </u> | Oth | et (Please expla | • | | | 1 | | |
| New Well | Change in Transporter of: | | | | | Effective 2-1-92 Gas Transporter change | | | | | | |
| Recompletion | | | | | | Effective ll-1-93 Oil Transporter change | | | | | | |
| Change in Operator | Casinghead | 025 | Conde | | | | | | | | | |
| nd address of previous operator | | | | | | | | | | | | |
| I. DESCRIPTION OF WELL AND LEASE | | | | | | | | | | | | |
| Lease Name | Well No. Pool Name, Includi | | | -6 | | | Kind of Lease State, Resource Months | | Lease No. | | | |
| State C | | <u>2Y</u> | Eum | ont Yat | es 7 Riv | ers Quee | n , | | В- | 1400 | | |
| Location | 2210 | | | | No se tole | . 000 | | . . | East | Line | | |
| Unit Letter H | : 2310 | , | . Feet F | rom The | NOTUM | e and <u>990</u> | F6 | et from the | Last | | | |
| 24 Section 21S Township | 35E | | Range | | , N | мрм, | | | Lea | County | | |
| | | | | | | | | | | | | |
| II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | | COFOI | | ND NATU | RAL GAS | e address to wh | ich approved | copy of this fe | orm is to be se | ent) | | |
| EOTT Oil Pipeline Cor | <u> </u> | | | rov Pipeli | | ox 4666 I | | | | | | |
| Name of Authorized Transporter of Casing | | x E | Hec | ive-4-1-9 | Address (Giv | e address so wh | ich approved | copy of this fo | orm is to be se | nt) | | |
| GPM Gas Corporation | Bartlesville, Oklahoma 7400 | | | | | | | | | | | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | | | | Is gas actually connected? When | | | ? | | | | |
| ive location of tanks. Same | | | L | | <u> </u> | | | | | · | | |
| this production is commingled with that to V. COMPLETION DATA | from any othe | r lease or p | pool, gi | ive commingl | ing order num | ber: | | | <u> </u> | | | |
| V. COMPLETION DATA | | Oil Well | | Gas Well | New Well | Workover | Deepen | Piug Back | Same Res'v | Diff Res'v | | |
| Designate Type of Completion | - (X) | 1 | i | Our wen | 1.0 | | , | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | | | Total Depth | | | P.B.T.D. | | | | |
| | | | | | LT Oil/C Pou | | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | | | |
| Perforations | | | | | | | | Depth Casin | Depth Casing Shoe | | | |
| | | | | | | | | | | | | |
| TUBING, CASING AND (| | | | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | • | | | | | | | | |
| . TEST DATA AND REQUES | T FOR A | LLOWA | BLE | | <u></u> | | | | | | | |
| OIL WELL (Test must be after re | | | | | | | | | for full 24 hou | rs.) | | |
| Date First New Oil Run To Tank | Date of Test | | | | Producing Me | thod (Flow, pu | mp, gas lift, e | ic.) | | | | |
| angle of Test | Tubing Business | | | | Casing Desc | | | Choke Size | | | | |
| ength 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 | | | | Bbis. Condensate/MMCF | | | Gravity of Condensate | | | | |
| | | | | | | | | | | | | |
| esting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| 7 0000 1 000 | | | | · · · · · · · · · · · · · · · · · · · | l | <u></u> . | | 1 | | | | |
| I. OPERATOR CERTIFICA | | | | NCE | \parallel | DIL CON | SERV | ATION I | DIVISIO | N | | |
| 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 NOV 3 () 1993 | | | | | | | |
| is true and complete to the best of my knowledge and belief. | | | | | Date Approved | | | | | | | |
| 910000 | · / ~ | Λ | | | 11 | • • | | | -VION1 | | | |
| Sharan Wurd | | | | | By | ORIGINAL | SIGNED | A TEKKA S | EX (UN | | | |
| Signature Sharon Ward Prod. Reg. Supv. | | | | | By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR | | | | | | | |
| Printed Name | | . | Title | | Title | | | | | • | | |
| 11-9-93 | | | | 9664 | | | | | | | | |
| Date | | Telep | phone i | 40. | 11 | | | | | | | |

- 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.