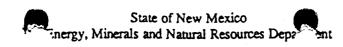
Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240



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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III		S	anta F	e, New I	Mexico 87:	504-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	OR A	ALLOWA	ABLE AND	AUTHOR	IZATION				
I.		TO TR	ANSI	PORT O	IL AND N	ATURAL G				·····	
Operator Od 1 5 Con-			Well	API No.							
Citation Oil & Gas Corp.						30-025-04730					
8223 Willow Place	South	Ste 25	0 н	ouston	. Texas	77070					
Reason(s) for Filing (Check proper box)						her (Please exp					
New Well				porter of:	Eff (ective 2	-1-92 (as Trans	porter_	chan ge	
Recompletion	Oil Caringhe	ئا] ad Gas	Dry (cosate	Eff	ective ll	1-93()il Trans	porter	change	
If change of operator give name	- Canagar	20 025	J C010	CUSALE				<u> </u>	· · · · · · · · · · · · · · · · · · ·		
and address of previous operator	,			· · · · · · · · · · · · · · · · · · ·							
II. DESCRIPTION OF WELL											
Lease Name	Well No. Pool Name, Include			-		Cana	Kind of Lease Lease State, Ferdoral profiles		ease No.		
Devonian State	3	Eu	mont Y	ates / R	ivers Que	en ou	, //	`			
••••	. 6	60			North	. 660	_		East	٠	
Unit LetterA	_ :	00	_ Feel I	rom the _	NOT LII	ne and <u>660</u>	F	eet From The	Las	Line	
20 Section 21S Townshi	p3	6E	Range	•	۸,	МРМ,			Lea	County	
TI DECIGNIATION OF TO AN	cnonm	SD OF 0	77 A N		1D 17 G10				,		
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	· 					ve address to wi	ich approve	d copy of this fo	orm is to be se	nt)	
EOTT 011 Pipeline Company Effective 4-1-94						P.O. Box 4666 Houston, Texas 77210-4666					
Name of Authorized Transporter of Casinghead Gas 😾 or Dry Gas 🔲						Address (Give address to which approved copy of this form is to be sent)					
GPM Gas Corporation						ville. O			- 		
If well produces oil or liquids, ive location of tanks. Same	Unit	Sec.	Twp.	Rge	. Is gas actual	ly connected?	When	ı ?			
this production is commingled with that if	rom any oth	er lease or	pool pi	ve commin	ling order nurr	ber					
V. COMPLETION DATA					,,						
Decignate Type of Completion		Oil Well		Gas Well	New Well	Workover	Despen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		nl. Pendy to	<u> </u>	 	Total Depth	<u> </u>	L	<u> </u>		<u></u>	
Date Spudded Date Compl. Ready to Prod.					Total Depair			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Periorations											
eriorations								Depth Casing	Shoe		
	т	UBING.	CASI	NG AND	CEMENTI	NG RECOR	D				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
•					<u> </u>						
		 			<u> </u>			<u></u>			
. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE		<u></u>	· · · · · · · · · · · · · · · · · · ·		<u>. </u>			
IL WELL (Test must be after re					t be equal to or	exceed top allo	wable for the	s depth or be fo	or full 24 how	5.)	
tate First New Oil Run To Tank	Date of Tes	ST.			Producing M	ethod (Flow, pu	mp, gas lift,	elc.)			
ength of Test	Tubing Pressure				Casing Press	Casing Pressure					
angui or rea	Tuoning Fressare				Casing rices						
ual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF				
]					<u> </u>	
GAS WELL											
ctual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Co	Gravity of Condensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
saug Medica (puos, tack pr.)	100.00	oscie (Silar	ш,	•	Casing Fices	ne (Shar-la)		Clore Size			
T OPERATOR CERTIFICA	ATE OF	COMP	TTAN	JCF			· · · · · · · · · · · · · · · · · · ·	<u> </u>			
I. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation					(DIL CON	SERV	ATION [DIVISIO	N	
Division have been complied with and that the information given above					·						
is true and complete to the best of my kr	iowieage an	a belief.			Date	Approve	OV_3_0	1993			
Shanou Ward						ORIGINAL SIGNED BY JERRY SEXTON					
Signature					By_			UPERVISOR			
Sharon Ward Printed Name	od. Re	g. Sup	V. Title			•			,		
11-9-93			-469	-9664	Title		······				
Date		Teler	phone N	lo	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.

Telephone No.

- 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.