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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Depa

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

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

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	T	O TRA	NSI	PORT OIL	AND NA	TURAL GA		-5/51-			
Operator	Well API No. 30-025-04732										
Citation Oil & Gas	Corp.			****			30.	-023-047	ع د		
Address 8223 Willow Place	South S	te 250	) H	loueton	Texas 7	7070					
Reason(s) for Filing (Check proper box)	Journ 3	<u> 270</u>	, 11	.vustvii,	Oth	es (Please expla					
New Well		Change in			Effec	tive 2-	1-92-(	as Tran	<del>sporter</del> -	-change	
Recompletion	Oil Casinghead		Dry Cond	Gas U	Effe	ctive ll	-1-93	il Tran	sporter	change	
f change of operator give name								17.4			
and address of previous operator											
II. DESCRIPTION OF WELL		SE	15	<b></b>	F		Vind	of Lease		ease No.	
Lease Name		Well No. 1Y		Name, Includi		vers.Que	Contract	in Lease Restorativesite:	-	250 140,	
Devonian State	<u></u>		1 2	umont la	ces / Ma	vers. que	en				
Unit Letter G	: 231	0	Feet	From The No	orth Lin	and	<u>0</u> F	et From The	East	Line	
20 Section 21S Townshi	p 36E		Rang	<u>se</u>	, N	мрм,			Lea	County	
III. DESIGNATION OF TRAN	CPORTER	OF OI	ΙΤ. Δ'	ND NATII	RAL GAS				•		
Name of Authorized Transporter of Oil	(X)	Dr. Coadon	sate	IND TATE	Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	nt)	
EOTT Oil Pipeline Con	mpany	-VII E	ner	gy <del>'Pi</del> peline G <b>d-1</b> F94	IPO. B	x 4666 I	Houston	, Texas	77210-46	666	
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)  IPO. Box 4666 Houston, Texas 77210-4666  Address (Give address to which approved copy of this form is to be sent)										
GPM Gas Corporation  If well produces oil or liquids.   Unit   Sec.   Twp.   Rge.					Bartlesville, Oklahoma 74004   Is gas actually connected?   When?						
If well produces oil or liquids, give location of tanks. Same	Unit   :	აec. [	i iwp.	.   Kgc. 	is gas actuall	у сошески:	***	•			
f this production is commingled with that	from any othe	r lease or j	pool,	give commingl	ing order num	жг:					
V. COMPLETION DATA							,		10	hur -	
Designate Ture of Completion	- (X)	Oil Well	ļ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)  Date Spudded Date Compl. Ready to Proc				<del></del>	Total Depth	L	L	P.B.T.D.	L	<u> </u>	
see opened	- San Campi	ipi, svenj w rivu			1						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top OiVGas Pay			Tubing Depth			
Periorations					Depth Casing Shoe						
		JBING	CAS	ING AND	CEMENTI	NG RECOR	D		<u></u>		
HOLE SIZE	TUBING, CASING ANT HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
					<u> </u>			<del> </del>			
				· · · · · · · · · · · · · · · · · · ·							
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLI	E	1					<del></del>	
OIL WELL (Test must be after r	ecovery of low	al volume d	of load	c d oil and must	be equal to or	exceed top allo	wable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
	<u> </u>				Casias			Choke Size			
ogth of Test Tubing Pressure					Casing Press	ıre		CHOKE SIZE			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF		
GAS WELL											
Actual Prod. Test - MCF/D	Length of To	est		<del></del>	Bbls. Conden	sate/MMCF		Gravity of (	Condensate		
	Tables Present (Charles)				(5)			Challes Cia	Choke Size		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			CHOKE SIZE			
VI. OPERATOR CERTIFIC	ATE OF	C() \( \tau \)	T T A	NCE	<u> </u>			<u> </u>			
I hereby certify that the rules and regula					(	DIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and	that the inform	nation give					NOV	3 0 199	3		
is true and complete to the best of my h	mowledge and	i belief.			Date	Approve	d				
Chra. 11	12 A)					• •		א אממער אי	EXTON		
Signature Signature					By_	ORIGINAL SIGNED BY JURRY SEXTON By DISTRICT I SUPERVISOR					
<u>Šharon Ward</u> P	rod. Reg	g. Sup									
Printed Name		710	Title		Title	Contract and the					
11-9-93	<del></del>	713	-40	9-9664	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.