Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

▲•			ハイクト		. AND NA	I UHAL G	45						
Operator	-								Pl No.	_			
Citation Oil & Gas Corp Address										ツ ノスエーンとニフ			
8223 Willow place	South #	#25∩ µ.	nuc+	on Tv	77070								
Reason(s) for Filing (Check proper box)	COUCH T	- 20 H	yus t	UII J. (A.		er (Please expl	ain)	-					
New Well		Change in	Transp	orter of:		•	,						
Recompletion	Oil		-										
Change in Operator	Casinghea	d Gas 🔲	Conde	nsate 🗌									
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL	AND LEA												
Lease Name Well No. Pool Name, Including State A 2 Eumont Yat						ng Formation K			ind of Lease No. Lease No.				
Location	<u> </u>		Lui	mone ra	ces sing	···········	N^	Λ.					
Unit LetterA	: \ \ 33	30	Feet F	from The N	orth Lim	330 and		_ Fee	From The	EAst			
Section 12 Township	21	LS	Range	35E	, N	√РМ,	Lea			-	County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS								
Name of Authorized Transporter of Oil NONE		or Conder				e address to w	hich appro	rved c	opy of this fo	orm is to be se	nt)		
	head Gas		or Dr	Gas	Address (Giv	e address 10	hish appro	veder	ODVOČIMI:	orm is to he se	nt)		
Phillips 66 Natural G	as Comp	oany GP/	M GC	as c orp o	9698	aza vr	eprogr	X g	Bartles	ville 0	K 74004		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	w	hen ?					
f this production is commingled with that f	rom any oth	er lease or	pool of	ve comming	ing order num	Yes		1	/6/89				
V. COMPLETION DATA	, +		p~0., g.	ve community	ing older ham					 :			
Designate Type of Completion -	· (X)	Oil Well		Gas Well	New Well	Workover	Deepe	n	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth				
Perforations						Derth					Casing Shoe		
								Ì	Depti Casia	g Slice			
	Т	UBING,	CASI	NG AND	CEMENTI	NG RECOR	W	,			*		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
										· ····································			
V. TEST DATA AND REQUES	T FOD A	HOW	ADIE										
					he amount to am		la vahla c aa			f 4 11 3 4 1	\		
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)												
	To Tank Date of Test					Trouble (1 10m, parp, Ew 191, Etc.)							
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF				
GAS WELL													
Actual Prod. Test - MCF/D	Length of 1	[est			Bbls. Conder	sate/MMCF			Gravity of C	Condensate			
										•			
festing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COMF	LIA	NCE				l					
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above					}								
is true and complete to the best of my knowledge and belief.					Date Approved JUN 12 1990								
L. Ha Man													
Cyci um yuum					Orig. Signed by								
Signature Lee Ann Flsom Production Analyst					By Paul Kentz Geologist								
Printed Name Title					Title								
_6/6/90	7	13/46			Title				 -				
Date		Tele	phone !	No.	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.