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

## State of New Mexico lergy, Minerals and Natural Resources Depart

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

Santa Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUES	T FOR	ALLOV	VAB	LE AND A	UTHORIZ	ATION				
I. TO TRANSPORT OIL AND NATU							RAL GAS				
Operator .							Well API No.				
Citation Oil & Gas Corp.						30-025-08558					
Address		050 11		т.	7707	7.0					
8223 Willow Place S	outh Ste	250 H	ouston	, 16	Xas //U/	(Piease explai	in)				
Reason(s) for Filing (Check proper box)	Cha	nge in Tra	asporter of:				•				
New Well	Oil	X Dry									
Recompletion	Casinghead Ga		ndensate	$\bar{\sqcap}$	Effect	ive date	e 11-1-9	93			
Change in Operator	Cangica Ga	<u> </u>									
If change of operator give name and address of previous operator											
	DESCRIPTION OF WELL AND LEASE  Name   Well No.   Pool Name, Includi					ng Formation Kind of			Lease No.		
Lease Name State H	1 1							kdenkor Fre	к		
		1   F	dillone	Iat	es / KIV	ers Quee	:11			·····	
Location P	. 660			c	ánth i .	660	. E.	t From The _	East	Line	
Unit Letter P	-: 000	Fe	et From Th	e <u> </u>	outh Line	and	ra	t riom the _			
13 Section 21S Township	·	35E Ra	nge		, NM	PM,			Lea	County	
III. DESIGNATION OF TRAN	SPORTER (	F OIL	AND NA	TUE	RAL GAS						
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)						
EOTT Oil Pipeline Company					P.O. Box 4666 Houston, TX 77210-4666						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corporation	GPM Gas Corporation					ville,				<del></del>	
If well produces oil or liquids,	on processes on a regional processes and a region of the r					connected?	When	?			
give location of tanks. Same											
If this production is commingled with that	from any other le	ase or poo	l, give com	mingli	ng order numb	er:					
IV. COMPLETION DATA								Di Di li	C Back	Diff Res'v	
Designate Type of Completion		il Well	Gas W	ell	New Well	Workover	Deepen		Same Res'v	Dill Kesv	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth  Depth Casing Shoe			
Perforations											
Periorations											
	TUE	BING, CA	ASING A	ND	CEMENTIN	IG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
THOLE GIZE	OAGING & TODING SIZE										
· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>										
								<u> </u>			
V. TEST DATA AND REQUES	T FOR ALI	OWAB	LE						c c !! 24 l	1	
OIL WELL (Test must be after r	ecovery of total	volume of l	oad oil and	i musi	be equal to or	exceed top allo	wable for the	s depin or be	jor juli 24 nou	73.)	
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	imp, gas iyi, i	uc.j			
				Casing Pressure			Choke Size				
Length of Test	gth of Test Tubing Pressure				Casing Freesu	10					
Agual Band Daving Tort	ual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
Actual Proc. During Test											
CASTICIT	_!							_			
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Condensate	_	
Actual Flot: Test - Mel 75	Longer or You							ļ			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	1.				<u> </u>						
VI. OPERATOR CERTIFIC						DIL CON	JSERV	MOITA	DIVISIO	NC	
I hereby certify that the rules and regul	ations of the Oil	Conservat	ion				VOLITY	MIOIT	<i>D</i> 111010		
Division have been complied with and that the information given above					The state of the s						
is true and complete to the best of my knowledge and belief.					Date Approved JAN 1 1 1992						
Olara and	661				11						
	$\frac{\omega}{\omega}$				∥ By_		PIGINAL	IGNED BY	JERRY SE)	CTON	
Signature Chaman Hand Brod	Poo C				-, -		DIST	RICT I SUP	ERVISOR		
Sharon Ward Prod.	veg onby				11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

1-4-94

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

713-469-9664 Telephone No.

Title

- 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.