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

State of New Mexico Energy, Minerals and Natural Resources Dep-

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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRA	NSPO	ort oil	_ AND NA	TURAL GA	AS					
Operator	PI No.											
Citation Oil & Gas	Corp.						30-025-08560					
Address		. 050	••			7070						
8223 Willow Place Reason(s) for Filing (Check proper box)	South S	te 250	Ho	uston,	Texas /	1070 er (Piease expl	ain)					
New Well		Change in	Transpo	rter of:		e <del>tive 2</del>		Ga <del>s Tra</del> n	sporter	-change		
Recompletion	Oil		Dry Ga		Effe	ctive ll	-1-93	oil Tran	sporter	change		
Change in Operator	Casinghead	Gas 🗌	Conden	sate 🗌								
If change of operator give name					-							
and address of previous operator		<u> </u>								,		
II. DESCRIPTION OF WELL		SE Wall No.	Dool No	ma Includi	ing Formation		Kind	of Lease	T	ease No.		
Lease Name		Well No.			=	vers Que	Cinia	व्यिकानो अस्तर्गह	K   BO-	1167		
State N Location			Lan	one ra	ces / KI	vers que						
Unit Letter I	. 231	.0	Feet Fire	om The S	outh Lin	and <u>330</u>	Fe	et From The	East	Line		
Omit Detter			100110	The								
24 Section 21S Townshi	p 3	5E	Range		, NI	мрм,	<del></del>		Lea	County		
	ianoneeri	OF OT	T 4 % TY	NIA TOTAL	D 4 T C 4 C							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER	6) Content	LAN	J NATU.	Address (Give	e address to wh	ich approved	copy of this f	orm is to be se	eni)		
EOTT Oil Pipeline Con	mpany	O Finen	tivo 1	-1-94		ож 4666 I						
Name of Authorized Transporter of Casin	<u>*                                    </u>	x	or Dry (	Gas	Address (Give address to which approved copy of this form is to be sent)							
GPM Gas Corporation					Bartlesville, Oklahoma 74004							
If well produces oil or liquids,	Unit	Sec.	Тwp.	Rge.	is gas actually	y connected?	When	?				
give location of tanks. Same				<u> I</u>	<u> </u>			···				
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or p	ool, give	e commingi	ing order numi	Der:			······································			
IV. COMPLETION DATA		Oil Well	l G	las Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)					<u> </u>	i	<u> </u>	<u> </u>			
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
					T 0'''	5 ···		<u>                                     </u>				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	ray		Tubing Depth				
Periorations	<u> </u>			<del></del>	<u> </u>			Depth Casing Shoe				
renorations								1	•	,		
	Tī	JBING,	CASIN	IG AND	CEMENTING RECORD							
HOLE SIZE	T	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT				
	<u> </u>			•		<del></del>						
V. TEST DATA AND REQUES	T FOR A	LLOWA	RLE		1			<u> </u>				
OIL WELL (Test must be after r	ecovery of low	al volume o	of load o	il and must	be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hou	urs.)		
Date First New Oil Run To Tank	Date of Test		·			ethod (Flow, pu						
								10				
Length of Test	Tubing Pres	sure			Casing Press.	ire		Choke Size				
	ļ				Water - Bbis.			Gas- MCF		<del></del>		
Actual Prod. During Test Oil - Bbls.					WATEL - DOIS.							
	<del></del>	<del></del>										
GAS WELL Actual Prod. Test - MCF/D	Hangh of T				Bbls. Conden	sale/MMCF	<u> </u>	Gravity of (	Condensate			
Actual Prod. Test - MCP/D	st - MCF/D Length of Test											
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Press	ire (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMPI	IJAN	CE				. = . 6	- · · · · · · · ·			
I hereby certify that the rules and regul				02	(	OIL CON	ISERV.	AHON	DIVISIO	אכ		
Division have been complied with and that the information given above					NOV 3 0 1993							
is true and complete to the best of my l	mowledge and	belief.			Date	. Approve						
Slown which								Y JERRY S	EXTON			
STUNN LUINX					ORIGINAL SIGNED BY JERRY SEXTON By DISTRICT I SUPERVISOR							
Signature Sharon Ward P	rod. Res	g. Sup	٧.									
Printed Name			Title	0664	Title							
11-9-93			-469- hone N	<u>-9664</u>		-						
Date		, cich			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.

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DISTRICT I
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## 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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION PANSPORT OIL AND NATURAL GAS

I		IO INA	NOF	UNI UIL	AND INA	OT IAL GA		Pl No.	· · · · · · · · · · · · · · · · · · ·			
Operator					•		1		F60			
Citation Oil & Gas	Corp.							) <del>-</del> 025-08	UDC			
Address		- 050										
8223 Willow Place	South S	Ste 250	НС	ouston,	Texas 77	t (Please expla				. <u> </u>		
Reason(s) for Filing (Check proper box)		G ! !	т	6		tive 2		as Tran	<del>sporter</del>	<del>chang</del> e		
New Well	0.1	Change in	Dry G						_	_		
Recompletion	Oil Coning No.	_	Conde	_	Effec	tive ll	-1-93 C	il Iran	sporter	change		
Change in Operator	Casinghe	ad Cas	Conoe	D8216				<del></del>				
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	ASE		1 1 -1 - 1	ng Formation	<del></del>	Vind (	Lease No.				
Lease Name		Well No.			-	O	State	externi provinces BO-1167				
State N		1 1	Lu	mont ia	tes 7 Ri	vers que	en i		1 10-	1107		
Location									T			
Unit LetterI	_ : <u>23</u>	310	Feet F	rom The S	outh_ Lim	and <u>330</u>	) Fe	et From The	Last	Line		
									Lea	Country		
24 Section 21S Townshi	р	35E	Range	·	, NN	ирм,			Lea	County		
			_		~ <del>~</del>							
III. DESIGNATION OF TRAN	SPORTE			ND NATU	RAL GAS		Link arms 1	convertable 4	form in to be a	eri)		
Name of Authorized Transporter of Oil	X	or Condens	sale			e address to wi						
EOTT Oil Pipeline Co		x 4666										
Name of Authorized Transporter of Casin	Gas		e address to w			orm is to be s	eni)					
GPM Gas Corporation						ville, (						
If well produces oil or liquids,	rell produces oil or liquids, Unit Sec. Twp. R					Is gas actually connected? When?						
give location of tanks. Same												
If this production is commingled with that	from any of	her lease or p	oool, g	ive commingl	ing order numb	er:						
IV. COMPLETION DATA					-,		_,	·		<u> </u>		
	<b>a</b> n	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)						<u></u>	L	<u> </u>			
Date Spudded	Date Con	ipl. Ready to	Prod.		Total Depth			P.B.T.D.				
	_							<u> </u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top OiVGas Pay			Tubing Depth				
								Depth Casing Shoe				
Periorations								Depth Casii	ng Shoe			
		TUBING,	CAS	ING AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUE	ST FOR	ALLOWA	BLE	3								
OIL WELL (Test must be after t	recovery of	total volume	of load	i oil and must	be equal to or	exceed top all	lowable for th	is depth or be	for full 24 ho	urs.)		
Date First New Oil Run To Tank	Date of T				Producing M	ethod (Flow, p	ump, gas lift,	eic.)				
					1							
Length of Test	Tubing Pressure				Casing Press	are		Choke Size				
200641 01 100	Tuoning Treasure											
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	Water - Bbls.			Gas- MCF			
Thereas I for During 1 on	J. Bons											
					1							
GAS WELL		<u></u>			150.	0.0.405		1 Convince	Condensate			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	15ale/MMCr		GIAVILY OF	CONSCIONALE			
								Choke Size				
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE O	F COMP	LIA	NCE		011 001	NOEDV	ATION	DIVICE	$\bigcirc$ N1		
I hereby certify that the rules and regu					11 (	OIL COI	NOEH A	AHON	APUDI	ON		
Division have been complied with and	that the inf	ormation give	en abo	ve			N	0 8 VO	1993			
is true and complete to the best of my	knowledge	and belief.			Date	Approve						
	7-	( )							こことで			
Manon 1	Una	$\simeq$			ORIGINAL SIGNED BY JERRY SEXTON  By DISTRICT   SUPERVISOR							
Signature	_ <del></del>				RA-	Bi	STRICT	PRESAISO	h			
Sharon Ward	Prod. R	leg. Sur										
Printed Name			Tille	0.0001	Title							
11-9-93				9-9664								
Date		Tele	phone	140*	Н							

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.
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## OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[ <b>.</b>		O TRAN	ISPC	ORT OIL	AND NA	FURAL GA		51.11				
Citation Oil & Gas Corp.								Well API No. 30-025-08560				
Address										<u>.</u>		
Address 8223 Willow Place Sout	h Ste 2	50 Ho	usto	n, Texa		0-5623						
Reason(s) for Filing (Check proper box)					Othe	er (Please expla	iin)					
New Well		Change in T	-									
Recompletion	Oil Casinghead	Gas 🔀 C	Ory Gas Condens	_		Effecti	ve Janu	ary 1,	1993			
If change of operator give name												
and address of previous operator										,		
II. DESCRIPTION OF WELL	SE				1771.1	Kind of Lease Lease						
ease Name Well No. Pool Name, Including Formation							State	di Lease Rechenidok Ro	<b>I</b>	4 SC 14U.		
State N		1	Eum	ont Ya	tes / Ri	vers Que	en					
Location Unit Letter I	: 2310	)1	Feet Fro	om The	South Lin	e and330	) Fe	et From The	East	Line		
Section 24 Township	215		Range	35E		мрм,			Lea	County		
						,						
III. DESIGNATION OF TRAN		or Condens		U NA I U	Address (Giv	e address 10 wi	hich approved	copy of this f	orm is to be se	nI)		
Name of Authorized Transporter of Oil	$\mathbf{x}$	or condens	MC.		1					•		
Shell Pipeline Corpor		<b>₩</b>	or Dry	P.O. Box 1910 Midland, Texas 79702  Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casing	Sheart Car	X (	יי ייני	Jab		sville,			3 00 00	•		
GPM Gas Corporation	Unit	Sec.	Гwp.	Rge.		SVIIIE, y connected?	When					
If well produces oil or liquids, give location of tanks. No change	1 mr 1	Ja.	. ~ p.	1 Age.	so gas actuali	,	1					
If this production is commingled with that	fmm any oth	er lease or w	ool giv	e comminel	ing order num	ber:						
IV. COMPLETION DATA	any our	, 01 pt	, g.v	- somming	norn							
Designate Type of Completion	- (20)	Oil Well	10	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
		l Bardinta l			Total Depth	<u> </u>	L	P.B.T.D.	L	ــــــــــــــــــــــــــــــــــــــ		
Date Spudded	Date Compl. Ready to Prod.  Total Depth  P.B.T.							F.B.1.D.	B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.)  Name of Producing Formation							Tubing Dep	Tubing Depth			
Perforations					l			Depth Casin	ng Shoe			
		TIDDIC (	CA CD	NC AND	CEMENITI	NG PECOE	מי	<u> </u>				
	TUBING, CASING AND					DEPTH SET		T	SACKS CEM	ENT		
HOLE SIZE	CASING & TUBING SIZE				DEFIN SET							
	<del> </del>			<del> </del>	<del> </del>			<del> </del>				
	ļ.———				ļ			1				
				•				<del></del>				
V. TEST DATA AND REQUES	ST FOR A	LLOWA	RLE.		<u> </u>							
	econero of to	ad volume o	flood.	oil and must	be equal to o	r exceed top all	lowable for th	is depth or be	for full 24 hou	rs.)		
OIL WELL (Test must be after r	Date of Te		, waa	on and musi		lethod (Flow, p						
Date First New Oil Ruit 10 12hk	Date of Te	<b>S4</b>			1 Township III		7.6	•				
I ength of Test	Tubing Pre	come			Casing Pressure			Choke Size				
Length of Test	Tuoing Fie	93010										
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
There I low During 1600	On - Dois.								····			
CACAMELA					1							
GAS WELL	11	Test			Bble Conde	nsate/MMCF	<del>,</del>	Gravity of	Condensate			
Actual Prod. 1est - MCP/D	Actual Prod. Test - MCF/D Length of Test							July of Concentration				
Testing Mathed (-incl. hash)	Tuhing Pre	ssure (Shut-	in)		Casing Pres	sure (Shut-in)		Choke Size	<del></del>			
Testing Method (pirot, back pr.)	1 doing 1 to	-aric (alim-	,									
VI. OPERATOR CERTIFIC	'ATE OF		TAN	JCE	1							
				خلب		OIL COI	NSERV	'ATION	DIVISIO	NC		
I hereby certify that the rules and regul Division have been complied with and	that the info	on conserv	a spor	e				141 B A	A 4000			
is true and complete to the best of my	knowledge a	nd belief.		-	Dat	e Approve	ed	MAR 3	U 1993			
Shoron & le	Dand	$\supset$				• •		Y Jenni .	LETON			
Signature	<del></del>	<u> </u>			By DRAGINAL SERNED BY JUAN JUATON							
Sharon E. Ward	Prod.	Regula	tory Title	y Supv	Title	e						
	3-469-9	<u>66</u> 4								<del></del>		
Date			phone I	₩.	11							

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MEGEIVED Mar 2 7 1993

OCD HOBBS OFFICE