P.O. Drawer DD, Artesia, NM 88210 P.O. Box 1980, Hobbs, NM 88240 Submit 2 copies to Appropriate DISTRICT District Office.

1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department State of New Mexico

OIL CONSERVATION DIVISION

Revised 1/1/89 Form C-116

P.O. Box 2088 Santa Fc, New Mexico 87504-2088

GAS - OIL RATIO TEST

					(,		* * * *							
Operator					_	P00.						ડ	County			
Citation Oil & Gas Corp					Eu	Eumont Yates 7 Rivers	s 7	Rivers	Queen				Lea Co.	ò.		
Address 16800 Greenspoint Pk Dr Suite 300 South Atrium	Dr Sui	te 3	00 S	outh	Atri		TYPE OF	유							,	,
							TEST - (X)	·×	Scheduled	XXX	χ	Completion		Sp	Special	
	WELL		LOCATION	NON		DATE OF	rus	CHOKE	TRG	DAILY	HISKER	PAC	PROD. DURING TEST	IS31 DI		GAS - OIL
LEASE NAME	ĕ	c	S		æ	TEST	STAT		PRESS.	ALLOW- ABLE	HOURS HOURS	WATER BBLS.	GRAV.	OL BBLS.	MCF.	CU.FT/BBL.
State M	—	=	01	218	35E	Temporarily	3	y Abandoned	ned		<u></u>					
	2	<u> </u>	01	218	35E	6-18-89	P		22		24	218	S.	9	20	2222
	ω 	A	01	218	35E	6-19-89	-P		22		24	6	w w	Н	50	50000
	5	0	01	218	35E	6-20-89	P		22		24	8	ریا دنا.	2	54	27000
	6	د.	01	218	35E	6-21-89	<u> </u>		24		24	20	b)	2	52	26000
	7	മ	01	218	35E	6-22-89	-P		22		24	22	w	ω	131	43666
	000	/ ₅₅	01	218	35E	6-24-89	٩.		24		24	6	w w	ω	100	33333
State N Kerling Oto	1)16	5/	. 24	218	35E	6-14-89	-0		20		24	2	(S)	<u> </u>	213	213000
	=	<u> </u>	24	218	35E	TEMPOR	- RI	TEMPORARILY; ABANDONE	ONED							

nstructions:

which well is located by more than 25 percent. Operator is encouraged to/take advantage of this 25/percent tolerance in During gas-oil ratio test, each well shall be produced at a rate not/exceeding the top unit allowable for the pool in

order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and Specific gravity base will be 0.60. temperature of 60° F.

Report casing pressure in lieu of tubing pressure for any well producing through casing

(See Rule 301, Rule 1116 & appropriate pool rules.)

complete to the best of my knowledge and belief. I hereby certify that the above information is true and

Signature

Printed name and title Lee Ann Elsom/Production Analsyt

713/874-9877

₩ 469-966H Telephone No.

Date

7/12/89

6			\•	• • • • • •
FOOI EUMONT :	Operator _	Citation 0il Shell-Western	& Gas Co	orp. Inc.
- State N				

Well No. $\frac{1 \& 1-Y}{}$ Unit $\frac{1}{}$ S $\frac{24}{}$ T $\frac{21}{}$ R $\frac{35}{}$ Lease State N PRODUCED DURING TEST Daily DATE OF TEST Gas-Oil Packer Allowable Water, Bbls. Oil, Bbls. Gas, MCF Ratio Leakage Field (C116) #1-Y-TA 2 90000 0 NA 60 3 33 176

11700