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DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Citation Oil & Gas Corp.	Well API No. 30-025-21082-0000
Address 8223 Willow Place South Ste 250 Houston, Texas 77070-5623	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> Effective 4-92
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Antelope Ridge Unit	Well No. 3	Pool Name, Including Formation Antelope Ridge Devonian	Kind of Lease State <del>Federal</del> or <del>Lease</del>	Lease No.
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>23S</u> Range <u>34E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436 Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Sid Richardson Carbon & Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) First City Tower, 201 Main St. Fort Worth, Texas 76102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ? N/A

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	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						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, 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 Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sharon E. Ward  
Signature  
Sharon E. Ward Prod. Regulatory Supv.  
Printed Name  
April 14, 1992 (713) 469-9664  
Date Telephone No.

OIL CONSERVATION DIVISION

APR 17 '92

Date Approved

By

Title

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.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Citation Oil & Gas Corp.		Well API No. 30-025-21082-0000
Address 8223 Willow Place South Ste 250 Houston, Texas 77070-5623		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	Effective 4-92

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Antelope Ridge Unit	Well No. 3	Pool Name, Including Formation Antelope Ridge Devonian	Kind of Lease State, Federal or Foreign XXXXXXX	Lease No.
Location				
Unit Letter K	: 1980	Feet From The South	Line and 1650	Feet From The West
Section 34	Township 23S	Range 34E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Lantern Petroleum Corp.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2281 Midland, TX 79702				
Name of Authorized Transporter of Casinghead Gas Sid Richardson Carbon & Gasoline Co.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) First City Tower, 201 Main St. Fort Worth, Texas 76102				
If well produces oil or liquids, give location of tanks. No change	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
						N/A

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	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						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, 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 Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sharon E. Ward  
Signature  
Sharon E. Ward Prod. Regulatory Supv.  
Printed Name  
March 31, 1992 (713) 469-9664  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 24  
By \_\_\_\_\_  
Title \_\_\_\_\_

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

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**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 Kio Brazos Rd., Aztec, NM 87410

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator		Well API No.	
Citation Oil & Gas Corp.		30-025-21082-0000	
Address			
8223 Willow Place South Ste 250 Houston, Texas 77070-5623			
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Effective 11-91
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Antelope Ridge Unit	Well No. 3	Pool Name, Including Formation Antelope Ridge Devonian	Kind of Lease State, <del>Federal</del> <del>Lease</del> <del>Fee</del> <del>X</del>	Lease No.
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>23S</u> Range <u>34E</u> NMPM. <u>Lea</u> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Shell Pipeline Corporation					P.O. Box 1910 Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Sid Richardson Carbon & Gasoline Co.					76102 First City Tower, 201 Main St. Fort Worth, TX	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	No Change					

If this production is commingled with that from any other lease or pool, give commingling order number.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	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						Depth Casing Shoe			

## TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

## V. TEST DATA AND REQUEST FOR ALLOWABLE

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed 10p allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method ( <i>Flow, pump, gas lift, etc.</i> )	
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 Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sharon Ward

Signature	Sharon Ward	Prod. Regulatory Supv
Printed Name	2-25-92	Title
Date	713-469-9664	Telephone No.

## OIL CONSERVATION DIVISION

MAR 04 '92

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

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

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