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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 Department

OIL CONSERVATION DIVISION

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

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 TO TRANSPORT OIL AND NATURAL GAS

<u>.                                    </u>	<u></u>	0 11 11		0.11 0.0			Wall	I PI No				
Operator Citation Oil & Gas Corp.							l l	Well API No. 30-025-21082-0000				
Address	·	- 250	11	- 1 T	770	270 5602						
8223 Willow Place So	outh St	e 250	Hou	ston, le		070-5623 ct (Please expla	in)					
Reason(s) for Filing (Check proper box)		Change in	т	-adap of		st (1 teuse explu	,					
New Well	Oil	Change in	Dry C									
Recompletion	Casinghead	i Gas		ensate X	Effectiv	ve 4-92						
If change of operator give name	Carp.i.e.			<u> </u>								
and address of previous operator  II. DESCRIPTION OF WELL	AND LEA	SE					-					
Lease Name		Well No.			ng Formation		1 '	of Lease No.				
Antelope Ridge Unit   3   Antelope						evonian	State;	-14500-014-0-				
Location Unit Letter K	:19	80	_ Feet !	From The	South Line	and16!	50 F	eet From The	west	Line		
Section 34 Townshi	<sub>n</sub> 23S		Rang	e 34E	N	мрм,	Lea			County		
	<u> </u>			· · · · · · · · · · · · · · · · · · ·		141 113,						
III. DESIGNATION OF TRAN  Name of Authorized Transporter of Oil	SPUKIE	or Conde			Address (Giv	e oddress to wi	hich approve	d copy of this form	is to be se	ni)		
Pride Pipeline Compan			Hoaic		Address (Give address to which approved copy of this form is to be sen!) P.O. Box 2436 Abilene, TX 79604							
Name of Authorized Transporter of Casin Sid Richardson Carbon		line (		ry Gas 💢	Address (Give address to which approved copy of this form is to be sent) First City Tower, 201 Main St. Fort Worth, Texas							
If well produces oil or liquids,	Unit	Sec.	zυ.  Twp.	Rge	ls gas actuall		When	n ?				
give location of tanks.	<u>i</u> i		<u>i                                    </u>					N/.	A			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease of	pool, ;	give comming	ling order num	ber						
Designate Type of Completion	- (X)	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back   Sar	me Res'v	Diff Res'v		
Date Spudded	Date Comp	pl. Ready 1	o Prod		Total Depth	J	J	P.B.T.D.		<u>-</u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth	Tubing Depth			
Perforations				<u> </u>			Depth Casing Shoe					
	7	TUBING	, CAS	SING AND	CEMENTI	NG RECOP	ಬ					
HOLE SIZE	CA	SING & T	UBING	3 SIZE	DEPTH SET			SAC	SACKS CEMENT			
	<del> </del>		_	<u>.</u>			<u></u>					
	<del> </del>											
V. TEST DATA AND REQUE	ST FOR A	ALLOW	'ABL	E		- exceed top al	loumble for t	his denth or he for	full 24 hoi	urs.)		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		e of loc	id oil and mu	Producing N	fethod (Flow, p	owno, gas lift	etc.)	<u>,</u>			
Date First New Oil Run 10 120x	Date of Te	. SL						·				
Length of Test	Tubing Pri	essure			Casing Press	sure		Choke Size				
A I D. of D. of a Tori	Oil - Bbls				Water - Bbls.			Gas- MCF	Gas- MCF			
Actual Prod. During Test	Oil - Bois.	· ——-										
GAS WELL					The second	0.000		Graving of Con	dencate			
Actual Frod Test - MCF/D	Length of	Test			Bbls. Conde	nsale/MMCF		Gravity of Cor	Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF		ז זכר	ANCE	$\dashv_{\Gamma}$	<del></del> -						
						OIL CO	NSER	/ATION D	IVISI	NC		
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.				Date ApprovedAPR 1 7 '92				2				
	,	1	$\cap$		Dat	e approv	ea					
Sharam 's	2 1	Lare	7	<del></del>	By_				-			
Printed Name	Prod. R		Tiu	ie .								
April 14, 1992  Date			469 elephor	-9664 se No.								

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 J
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Form C-104 Revised 1-1-89
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at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	<b>.</b>	TO TRA	NS	PORT O	L AND N	ATURAL (	SAS	•				
Operator  Citation Oil & Cas C	•							I API No.			_	
Citation Oil & Gas Co	orp.				· · · · · · · · · · · · · · · · · · ·			30-025-2	1082-000	0	_	
8223 Willow Place Son	uth Ste	250 H	lous	ton. Te	xas 77	070~5623						
Keason(s) for Filing (Check proper box)					0	her (Please ex	plain)			<del></del>	_	
New Well Recompletion		Change in										
Change in Operator	Oil Casinghead	ا	Dry (		Fffect:	ve 4-92						
If change of operator give name				~== <u>A</u>	211000	VC 4-32					_	
and address of previous operator		<del> </del>			<del></del>	<del></del>	·	<del></del> ,		<del></del>		
II. DESCRIPTION OF WELL Lease Name	AND LEA		1		<del> </del>			· · · · · · · · · · · · · · · · · · ·	·			
Antelope Ridge Unit	Ring Parket State						d of Lease e, Frederal or Fy		Lease No.			
Location	!	<u></u>		пссторс	Kruge I	e von an		******	(-	<del></del>	_	
Unit Letter K	. 198	0	Feet 1	From The	South L	ne and1	650	Feet From The	West	Line		
Section 34 Townsh	ip 23S		Range	<u> 34E</u>		ІМРМ,			<u> </u>	ea County		
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L Al	ND NATU	TRAL GAS							
Name of Authorized Transporter of Oil Lantern Petroleum (01	$\Box$	or Conden			Address (G	ve address so	which approx Midland	ed copy of this )	form is 10 be s 1702	eni)	_	
Name of Authorized Transporter of Casin	phead Gas		or Dr	y Gas 💢	Address (Gi	ve address 10 r	which approw	d copy of this	form is so be s		_	
Sid Richardson Carbon If well produces oil or liquids,					First Ci	ty Tower,	201 Main	St. Fort W	orth, Tex	as 76102		
give location of tanks. No change	<u>i i</u>	i	Twp.	Ĺ		ly connected?	Whe	n?	N/A			
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or p	100), g	ive comming	ling order nun	iber.					_	
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	<u> </u>		P.B.T.D.	<u> </u>			
								1.5.1.5.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing For	matio	o	Top Oil/Gas	Pay		Tubing Dep	th			
Perforations	<del></del>	·		-	•			Depth Casir	ig Shoe		_	
		IDDIC	0 + 07	D10 (177)	CTC1 CC1 TTTT				·	· <del></del>	_	
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE							<del></del>	24000 0511	FUT	_	
	CASING & TOBING SIZE					DEPTH SE	1		SACKS CEMENT			
					1						٦	
	1		-		1	······						
'. TEST DATA AND REQUES	T FOR AT	LOWA	RLF	<del></del>	<u> </u>	<del></del> _	<del></del>		<del></del>		_	
OIL WELL (Test must be after re					be equal to or	exceed top all	lowable for th	is depth or be	for full 24 hou	es.)		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)											
ength of Tes	<u> </u>				1 C - : F			10.0	<del> </del>			
zugui or rea	Tubing Press	ure 			Casing Press	ıre		Choke Size			1	
Actual Prod. During Test	Oil - Bbls.				Water - Bbis			Gas- MCF	Gas- MCF			
CACHELL											ا_	
GAS WELL  Actual Prod. Test - MCF/D	Length of Te	si .			Bbls. Conder	Fale/MMCF	·	Convenie of C	<del></del>		_	
	22220.0.70	<b>.</b>			Dois. Concer			Gravity of C	Onoen sale		1	
Esting Method (piuot, back pr.)  Tubing Fressure (Shui-in)					Casing Pressure (Shui-in) Choke Size						-	
I. OPERATOR CERTIFICA	ATE OF (	COMPI	IAN	NCE					·		ز	
I hereby certify that the rules and regula	tions of the Oi	il Conserva	tion			DIL COM	NSERV	ATION I	DIVISIC	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Data Approved MAR 2.4						
and and complete to the best of my knowledge and belief.					Date	Approve	.d	311111111111111111111111111111111111111	<del></del>		_	
_ Sharon To lund												
Sharon E. Ward	Prod. R	Regulat	tory	/ Supv	By							
Printed Name		. 7	ille		Title			•				
March 31, 1992 Date	(713	3) 469- Teleph				<del></del>					-	
		, acpr	14	~··	H							

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

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DISTRICT II
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OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

I. Rio Brazos Rd., Aztec, NM 87410		FOR ALLOWA ANSPORT O								
Well A						API No. -025-21082-0000				
Address		Uavatan Ta	770	70 5622		020 21002	0000			
8223 Willow Place Sou Reason(s) for Filing (Check proper box)			xas //u	17U-5523 ner (Please expla	zin)	***		<del></del>		
New Well	Oil [	in Transporter of:  Dry Gas	Effecti	ve 11-91						
Change in Operator  If change of operator give name and address of previous operator	Casinghead Gas	Condensate				<del></del>				
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name Antelope Ridge Unit	ting Formation Ridge De		I	( Lease No. ROCK/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
Location	. 1980	_ Feet From The _			50 -		West			
- ·					<u>/</u> Fe	et From The		Line		
Section 34 Township	<del> </del>	Range	34E , N	мрм,			L(	ea County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTER OF C			ve address so wh	nich approved	copy of this form	is to be se	nt)		
Shell Pipeline Corpora	L	X X	Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1910 Midland, TX 79702							
Name of Authorized Transporter of Casing Sid Richardson Carbon		or Dry Gas X	Address (Gi		س/76102 orth, TX					
If well produces oil or liquids, give location of tanks. No Change	Unit   Sec.	~, <del>~~~~</del> , <del>~~~~</del>	. Is gas actual		When		OI C NO	II CII . I A		
f this production is commingled with that f	from any other lease or	r pool, give comming	ling order num	iber:	L					
IV. COMPLETION DATA	Oil Wel	ll Gas Well	New Well	Workover	Deeper	Plus Pask   Car	- Pasiu	nier pastu		
Designate Type of Completion	- (X)	i	İ	WOLKOVEL	Deepen	Plug Back   Sai	me Kes v	Diff Res'v		
Date Spudded	Date Compl. Ready t	io Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas	Pay		Tubing Depth	fubing Depth					
Perforations	<del>'</del>	Depth Casing Shoe								
	<del></del>	CEMENTI	NG RECOR	D	·					
HOLE SIZE	CASING & T	<del> </del>	DEPTH SET	<del></del>	SACKS CEMENT					
	1		<del>                                     </del>		<del></del>					
. TEST DATA AND REQUES						<u> </u>				
	ecovery of total volume	of load oil and mus	· · · · · · · · · · · · · · · · · · ·	exceed top allo ethod (Flow, pu			rull 24 how	·s.)		
Length of Tes	Tubing Pressure		Casing Press	ure		Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbis			Gas- MCF					
GAS WELL	<u> </u>									
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conder	sate/MMCF		Gravity of Cond	iensale			
esting Method (puot, back pr.)	Tubing Pressure (Shu	u-in)	Casing Press	ure (Shut-in)	**	Choke Size				
VI. OPERATOR CERTIFICA	ATE OF COM	PLIANCE			ICEDIA	ATION DI	VICIO			
I hereby certify that the rules and regula Division have been complied with and the					ISERVA	ID NOITA A dam	0 4 '92			
is true and complete to the best of my k	nowledge and belief.		Date	Approve	d	// // // // // // // // // // // // //	U 4 3Z			
_ Sharen L	1 brok		By_				4-1			
	od. Regulator		<sup>Dy</sup> -		· · · · · ·					
Printed Name	713-469-9664	Title	Title							
Date		ephone No.	$\parallel$							

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