

OIL CONSERVATION DIVISION

P. O. BOX 2004

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ☐
	NATURAL GAS ☐
OPERATION	
PRODUCTION OFFICE	

CITATION OIL & GAS CORP.

Address

16800 GREENSPPOINT PARK DRIVE, SOUTH ATRIUM - STE. 300, HOUSTON, TX 77060-2309

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter etc.

Recompletion ☐Oil ☐Dry Gas ☒Change in Ownership ☒Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

SHELL WESTERN E&P INC., P. O. BOX 576, HOUSTON, TX 77001

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
ANTELOPE RIDGE UNIT	7	ANTELOPE RIDGE ATOKA	State, Federal or Fee	FEDERAL
Location				
Unit Letter	G	1650 Feet From The North Line and 1980 Feet From The East		
Line of Section	27	T. 23S	Range 34E	Sec. 16E

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
CITATION OIL & GAS CORP.	16800 GREENSPPOINT PARK DR., SOUTH ATRIUM STE. 300, HOUSTON, TX 77060-2309
If well produces oil or liquids, give location of tanks.	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	Some Restr.	Drill P.
Date Spudded	Date Compl. Ready to Prod.	Casing Depth	P.B.D.					
Perforations (DF, RKE, RT, CR, 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
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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/MCF	Gravity of Condensate
Testing Method (pump, gas lift, etc.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

VI. 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.*Melissa Harris*
(Signature)

Production Coordinator

(Title)

1/20/87; effective 12/1/86

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 5 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of a
well name or number, or transporter, or other such change of condSeparate Forms C-104 must be filled for each pool in mu
completed wells.