- Ibmis 5 Copies ppropriate District Office	State of New Energy, Minerals and Natura	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page					
<u>İŚTRICT I</u> O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT			At Bouom c	H I MÃC		
ISTRICT II O. Drawer DD, Ariesia, NM 88210	P.O. Box Santa Fe, New Mex						
<u>DISTRICT III</u> 000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABL TO TRANSPORT OIL A	E AND AUTHORIZAT	ION				
• Operator	TO TRANSPORT OIL		Well API	№.)25-28863	8-0000		
Citation Oil & Gas Co	prp		50-0	120-20000			
	ith Ste 250 Houston, Tex	(as 77070-5623 Other (Please explain)					
Reason(6) for Filing (Check proper box) New Well	Change in Transporter of:						
Recompletion	Oil Dry Gas Condensate X E	Effective 4-92					
Change in Operator	Casinghead Gas Condensate A					<u> </u>	
ind address of previous operator	NDIEASE				.		
II. DESCRIPTION OF WELL A Lease Name Antelope Ridge Unit	Well No. Pool Name, Including	gFormation Ridge Devonian		Kind of Lease Lease No. State, X00X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Location Unit LetterP	: 1285 Feet From The So	outh Line and 660	Feet	From The _E	ast	Line	
Section 33 Township	23S Range 34E		L	ea		County	
Name of Authonized Transporter of Oil	SPORTER OF OIL AND NATUF	71001000 1000 1000	approved c	copy of this form	n is to be sens	:)	
Pride Pipeline Company		P.O. Box 2436 At Address (Give address to which	approved a	copy of this for	n is 10 be sen	t)	
Name of Authorized Transporter of Casing Sid Richardson Carbon	& Gasoline Go.	First City Tower, 201	Main St	. Fort Wor	th, Texas	76102	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	ls gas actually connected?		N,	/A		
If this production is commingled with that f	rom any other lease or pool, give commingli	ing order number.					
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X) Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		<u></u>	
Date Spudded		Top Oil/Gas Pay		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay		Depth Casing Shoe				
Perforations				Depth Casing	Shoe		
	TUBING, CASING AND	CEMENTING RECORD)		ACKS CEM		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		3	ACKS CEM.		
	· · · · · · · · · · · · · · · · · · ·						
V. TEST DATA AND REQUE	ST FOR ALLOWABLE		wahle for thi	is depth or be f	or full 24 hou	urs.)	
OIL WELL (Tesi musi be after Date First New Oil Run To Tank	recovery of total volume of load oil and mus	Producing Method (Flow, pur	np, gas lifi, .	etc.)			
		Casing Pressure	Choke Size				
Length of Tes	Tubing Pressure			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.					
GAS WELL				Gravity of (ondensale		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF					
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE	OILCON	ISER\	ATION	DIVISI	ON	
I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m	ulations of the Oil Conservation d that the information given above	Date Approve		APR	17'92		
Shoron S	\sim	By				_	
Signature Sharon E. Ward	Prod. Regulatory Supv.		* <u>;</u>				
Printed Name	Title	Title					
April 14, 1992	(713) 469-9664 Telephone No.	-					
	orm is to be filed in compliance wi	th Rule 1104					

1

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accord.

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.

Submit 5 Copies Appropriate Dataict Office DISTRICT 1	State of N .nergy, Minerals and Nat	ew Mexico arral Resources Depar at	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page		
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II F.O. Drawer DD, Anesia, NM, 88210	P.O. B	TION DIVISION	at Bottom of Fage		
DISTRICT III	Santa Fe, New M	exico 87504-2088			
1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWAN TO TRANSPORT OIL	AND NATURAL GAS			
Citation Oil & Gas Co	rp.		30-025-28863-0000		
Address	th Sto 250 Houston To	xas 77070-5623			
8223 Willow Place Sou Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Cther (Piease explain)			
Recompletion	Oil Dry Gas Casinghead Gas Condensate	Effective 4-92			
If change of operator give name and address of previous operator	·				
II. DESCRIPTION OF WELL					
Lease Name Antelope Ridge Unit	Well No: Pool Name, Includ 109 Antelope		Lease Lease No. State, Rock XXXX Rox		
Location Unit Lener P	:	Outh Line and 660	_ Feel From TheEastLine		
	000	, NMPM,	Lea County		
<u></u>	<u> </u>		Cu County		
Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU	Address (Give address to which app	roved copy of this form is to be sent)		
Lantern Petroleum Name of Authonized Transporter of Casin			nd, TX 79702 roved copy of this form is to be sent)		
Sid Richardson Carbon	& Gasoline Co.	First City Tower, 201 Ma	in St. Fort Worth, Texas 76102		
If well produces oil or liquids, give location of tanks. No change			When ? N/A		
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number.			
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover Deep	Den Plug Back Same Res'v Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKE, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Ferforations		<u></u>	Depth Casing Shoe		
	TUBING, CASING AND				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	i				
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR ALLOWABLE ecovery of local volume of load oil and mus	t be equal to or exceed top allowable f	or this depth or be for full 24 hours.)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Fiow, pump, gas			
Length of Tes	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil - Bbis.	Water - Bbls	Gas- MCF		
GAS WELL	; 	<u>i</u>			
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condepsate/MMCF	Gravity of Concensate		
Testing Method (pilos, back pr.)	Tubing Pressure (Shui-in)	Casing Pressure (Shui-id)	Choke Size		
VI. OPERATOR CERTIFIC	ATE 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		Date Approved	MAR 25		
Sharon &	Ward		• •		
Sharon E. Ward	Prod. Regulatory Supv.				
Printed Name March 31, 1992 Date	Title (713) 469-9664 Telephone No.	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.

Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	Energy, Minerals	and Nat	TION DI		nt N		Form C Revised See Insti at Botto	1-1-89
P.O. Drawer DD, Anesia, NM 88210			ox 2088 exico 87504-2	2088				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALL							
I. Operator	TO TRANSPO		AND NATU	HAL GA	Well A			
Citation Oil & Gas Co	rp				30-0	25-28863	-0000	
8223 Willow Place Sou Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	th Ste 250 Houston Change in Transporte Oil Dry Gas Casinghead Gas Condensa	=r of:		lease expla	in)			
and address of previous operator II. DESCRIPTION OF WELL					· · · · · · · · · · · · · · · · · · ·			
Lease Name Antelope Ridge Unit	Well No. Pool Nam		ing Formation idge Devon	ian		of Lease Recontral XOK Rex	Le	ise No.
Location Unit Letter P	: 1285 Feet From	n The <u>S</u>	outh Line and	660	Fe	et From The	Ea	<u>St</u> Line
Section 33 Townshi	p 23S Range	3	4E , NMPN	۱,			Lea	County
III. DESIGNATION OF TRAN	or Condensate		RAL GAS	dress 10 wh	ich approved	copy of this for	n is 10 be sei	<i>u</i>)
Shell Pipeline Corpora	ation K	<u>[X]</u>	P.O. Box	1910	Midland	, Texas	79702	
Name of Authorized Transporter of Casing Sid Richardson Carbon If well produces oil or liquids, give location of tanks. No Change	& Gasoline Co. Unit Sec. Twp.		Address (Give ad First City Is gas actually co	/ Tower		lain St. F		
If this production is commingled with that I IV. COMPLETION DATA	• • • • • • • • • • • • • • • • • • • •	commingl	ing order number.		I	·		······································
Designate Type of Completion		Well	New Well W	orkover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		L	P.B.T.D.		J
) Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforances	I		<u>!</u>			Depth Casing	Shoe	
	TUBING, CASING				D			
HOLE SIZE	CASING & TUBING SIZ	. <u>E</u>	DEPTH SET		SACKS CEMENT			
						·•		
V. TEST DATA AND REQUES OIL W'ELL (Test must be after re Date First New Oil Run To Tank	T FOR ALLOWABLE covery of total volume of load oil Date of Test	and must	be equal to or exco Producing Method				full 24 hour	г.)
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.		· · · • •	Gas- MCF		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls, Condensate			Gravity of Cor]
Testing Method (pilot, back pr.)	Tubing Pressure (Shui-in)		Casing Pressure (Snut-in)		Choke Size			
<u> </u>				· · · · · · · · · · · · · · · · · · ·		<u> </u>		
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.		OIL CONSERVATION DIVISION MAR 0 4 '92 Date Approved						
Printed Name	od. Regulatory Supv Tiue 713-469-9664	<u>, </u>	-					
Date	Telephone No.							

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