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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

A.		IO IRAN	SPORT OIL	AND NATURAL	- GAS					
Operator (itation (il % Coc Comm							Well API No. 30-025-26291-0000			
Citation Oil & Gas Co	orp.					30-	025-2629	1-0000		
8223 Willow Place Sou	ıth Ste	250 Hou	ıston, Tex	xas 77070-562	23					
Reason(s) for Filing (Check proper box)				Other (Please						
New Well Recompletion	Oil	Change in Tra	nsporter of: y Gas	Effective 11-	91					
Change in Operator	Casinghead	_	ndensate							
If change of operator give name and address of previous operator										
• • •	ANDICA	cr								
II. DESCRIPTION OF WELL Lease Name			ol Name, Includi	ng Formation		Kind	of Lease	L	ease No.	
Antelope Ridge Unit				, Federal XXXBeX						
Unit LetterG	: 198	80Fe	et From The N	orth Line and	1980	Fe	et From The _	East	Line	
Section 3 Townshi			nge 34E	, NMPM,				Lea	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				RAL GAS			6.11. 6			
Shell Pipeline Corpor	1 1	or Condensate	X	P.O. Box 191					:M)	
Name of Authorized Transporter of Casin	Address (Give address	1011U 1pproved	copy of this form is so be sens) 76102							
	d Richardson Carbon & Gasoline Co.				First City Tower, 201 M			Main St. Fort Worth, TX		
If well produces oil or liquids, give location of tanks.					as actually connected? When			? 12-26-79		
f this production is commingled with that		 	· ·	Yes ing order number:		ـــــــلـــ		12-26	<u>-/9</u>	
V. COMPLETION DATA	·									
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well Workov	er I	Эсереп	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			
Performions				<u> </u>			Depth Casing Shoe			
								5		
		CEMENTING REC								
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	1									
'. TEST DATA AND REQUES	T FOR A	LLOWARI	Tr							
				be equal to or exceed top	o allowab	le for this	depth or be f	or full 24 hou	rs)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flor				<i>o. y.</i>	3.7	
ength of Tes	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	1					 				
Actual Prod. Test - MCF/D	Length of Te	esi		Bbls. Condensate/MMC	F		Gravity of C	ondensale		
sting Method (puot, back pr.) Tubing Pressure (Shut-in)										
esting Method (pilot, back pr.)	Tubing Press	sure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC	ATE OF	COMPLL	ANCE	011 04		ייח	ATION	21/4/21/2	\\ I	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my h			, www.	Date Appro	ved _		MAR 04	£'92 		
Sharon Ward				By						
Signature Sharon Ward Pro Printed Name	od. Regu	llatory :	Supv	-						
	713-469-		.	Title						
Date		Telephon	e 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.