Submit 5 Copies
Armopriate Listrict Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	TO	TRANS	PORT OIL	AND NA	UHAL GA	Well A	Pi No.			
Operator Citation Oil & Gas Corporation Well API No.								-625-26537		
Address 16800 Greenspoint Park Drive, Suite 300 South, Houston, Texas 77060										
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas XX Effective March 1, 1989 Change in Operator Change in Operator Change in Condensate										
If change of operator give name and address of previous operator	ee Petrol	eum Coi	rp., 400	W. Illi	nois, Su	ite 1500), Midland	d, TX 7	<u> 19701 </u>	
	AND FEACE									
Lease Name Pawnee Deep Unit)	Kind of State,	Kind of Lease State Lease No. State, Federal or Fee LG 3340			
Unit Letter F : 1650 Feet From The North Line and 2310 Feet From The West Line										
Section 22 Township	265	Ran	ige 3	36E , NI	MPM, L	ea			County	
III. DESIGNATION OF TRANS	SPORTER C	F OIL A	AND NATUI	RAL GAS						
No. of Australia d Temperature of Oil	YY or C	Condensate		Address (Giv	e address to wh	ich approved	copy of this form	nis lobe se	n1)	
Enron Oil Trading & Transportation Company P. O. Box 1188, Houston, 1x //251-1188										
Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent)										
	El Paso Natural Gas Company P. O. Box 1492, El Paso, TX 79978 Proposition of the Paso of									
If well produces oil or liquids,				Is gas actually connected? When			5/1/80			
give location of tanks.			269 36E					<u> </u>		
If this production is commingled with that f IV. COMPLETION DATA	rom any other le	ase or poor,	, give commungi	ing order nam						
IV. COMPLETION DATA	lo	il Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ame Res'v	Diff Res'v	
Designate Type of Completion			X	İ		<u> </u>				
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
11/25/79	4/1	4/18/80			18,577'			15,180'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
2910' GR	Strawn			12,505'			12,300 Lepth Casing Shoe			
Perforations							, ,			
12,505' to 13,196' (21 holes) 16,504'										
				CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			1700 SX			
26"	20			925'			3800 sx			
17-1/2	13 3/8			4950			2425 sx			
12 1/4	9 5/8			11854			2423 38			
	7 3/4			16504						
V. TEST DATA AND REQUES	ST FOR ALI	LOWABI	LE 3-1/2	1230)()	amabla for th	ic denth or he for	full 24 hou	urs.)	
OIL WELL (Test must be after r	ecovery of total	volume of lo	oad oil and mus	be equal to o	r exceed top all	umn age lift	etc)	<u> </u>		
Date First New Oil Run To Tank Date of Test Producing Method (Fiow, pump, gas lift, etc.)										
				Casing Pressure			Choke Size			
Length of Test	Test Tubing Pressur									
A seed Design Tost	Oil - Bbls.		Water - Bbls.			Gas- MCF				
Actual Prod. During Test	OII - BOIS.									
	. i									
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Actual Prod. Test - MCP/D	Lengur or Test									
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
THE OPERATOR CERTIFIC	ATE OF C	OMPT 1	IANCE					N 404	ON.	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved						
(,			Dat	e whhink		<u>-</u>			
Buth Ann Hines				By ORIGINAL SIGNED BY JERRY SEXTON						
Signature Ruth Ann Hines Production Coordinator Printed Name Title										
3/21/89	713/	/874 <u>-9</u> 8 Telephy	377 one 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.