

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-75

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
DATE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL ☐ GAS ☐
OPERATION	
PROMOTION OFFICE	
Operator	

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 oil:

Accomplishment ☐

Oil ☐

Dry Gas ☒

Other (Please explain)

Change in Ownership ☒

Casinghead Gas ☐

Condensate ☐

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	10	ANTELOPE RIDGE MORROW	State, Federal or Fee	FEDERAL Fee
Location				
Unit Letter	L	2000 Feet From The	South	Line and 800 Feet From The West
Line of Section	03	T. 24S	Range	34E
N. 1/4, 1/2, 3/4, or NE, SE, SW, NW				
Lea				

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 DRIVE, SOUTH ATRIUM STE. 300, HOUSTON, TX 77060-2309
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rng.
	NO CHANGE!
Is gas actually connected? When	

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.	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Revenues (DF, RRE, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Particulars				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 allowable 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	Chase Size
Actual Prod. During Test	Oil-Ebla.	Water-Ebla.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Ebla. Condensate/MCF	Gravity of Condensate
Producing Method (pump, gas lift, etc.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Chase 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.

Debra Harris

(Signature)

Production Coordinator

(Title)

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

(Date)

OIL CONSERVATION DIVISION

APPROVED

FEB 5 1987

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BY

ORIGINAL SIGNED BY JERRY SEXTON

TITLE

DISTRICT I SUPERVISOR

This form is to be filed 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 devt. tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filled for each pool in multi-completed wells.