Submit 5 Copies Appropriate District Office DISTRICT I	State of Nerrals and Nat	ew Mexico ural Resources Departr.		Form C-104 Revised 1-1-89 See Instructions	
P.O. Box 1980, Hobbs, NM 88240		TION DIVISION		at Bottom of Page	
P.O. Drawer DD, Anesia, NM 88210		ox 2088 exico 87504-2088	63;	793	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410)		-	0	
I. Operator	REQUEST FOR ALLOWAE TO TRANSPORT OIL	AND NATURAL GAS	JN Well API No.		
Citation Oil & Gas	Corp.		35-025-1139	96	
Address 8223 Willow Place	South Ste 250 Houston,	Texas 77070-5623			
Reason(s) for Filing (Check proper box)		Other (Please explain)			
Recompletion	Change in Transporter of: Oil Dry Gas	Effective November	1 1001		
Change in Operator	Casinghead Gas X Condensate			·······	
and address of previous operator				· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL		· · · · · · · · · · · · · · · · · · ·	11:1	1	
State JP	Well No. Pool Name, includ 1 Justis E	-	Kind of Lease State, Bedeeal or XFX of	Lease No.	
Location Uni: LetterC	:	North Line and 2310	Feet From The	West Line	
Section 2 Towns	hip 25S Range 37	7E , nmpm,	1	.ea County	
			L	-cu county	
III. DESIGNATION OF TRA Name of Authonized Transporter of Oil	NSPORTER OF OIL AND NATU	RAL GAS Address (Give address 10 which ap	proved copy of this form	is to be sens)	
Texas New Mexico P	ico Pipeline Company P.O. Box 52332, Houston, Texas 77052				
Name of Authorized Transporter of Cass // Sid Richardson Carbo		Address (Give address to which approved copy of this form is to be sent) First City Tower, 201 Main St. Fort Worth, Texas 76102			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected?	When?	ı ?	
	ge at from any other lease or pool, give comming	ling order number.	N/A	·······	
IV. COMPLETION DATA					
Designate Type of Completio	n - (X)		pen Plug Back Sar	ne Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Toxal Depth	P.B.T.D.	:	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Periorations	Periorations		Depth Casing Shoe		
HOLE SIZE	TUBING, CASING AND	DEPTH SET SACKS CEMENT			
V TEST DATA AND DEOL					
V. TEST DATA AND REQU OIL WELL (Test must be afte	ESTFURALLUIVABLE r recovery of total volume of load oil and mus	t be equal to or exceed top allowable	for this depth or be for j	full 24 hows)	
Date First New Oil F.un To Tank	Date of Test	Producing Method (Flow, purp, go	is lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF		
	<u> </u>			i	
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bols. Condensate/MMCF	Gravity of Con	densale	
Testing Method (pilor, back pr.)	Tubing Pressure (Shul-m)	Casing Pressure (Shui-in)	Choke Size		
VI. OPERATOR CERTIFI	CATE OF COMPLIANCE				
I hereby certify that the rules and re Division have been complied with a	gulations of the Oil Conservation		RVATION D	IVISION	
is true and complete to the best of n		Date Approved	NOV 18	1991	
Sharon E	Ward		GNED		
Signature Sharon E. Ward	Prod. Regulatory Supv	BHSTI	CT I SUPERVISOR		
Printed Name November 1, 1991	Tide (713) 469-9664	Title		·	
Date	Telephone No.	FOR RECOR	D ONLE	MAY 20199:	

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.

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