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Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico argy, Minerals and Natural Resources Departs.

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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

63793

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator

Well

Operator								Vell API No.			
Citation Oil & Gas Corp.								35-025-11396			
Address 8223 Willow Place Sc	uith 5+2	250	Hous+	on T	eyas 77	070-5623	3				
Reason(s) for Filing (Check proper box)	uth ste	230	11005	.011,		r (Please expla					
New Well	ı	Change in	Transporte	r of:	بي		,				
Recompletion [	Oil		Dry Gas		Cff.at	ua Mayar	nhan 1	1001			
Change in Operator	Casinghead	Gas 🛚	Condensa	ie 🗌	Errecti	ve Nover	mber 1,	1991			
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name State JP	Well No.			ng Formation Zonian N	orth	1	Kind of Lease State, Bederal 9613:5		ase No.		
Location			oust	12 567	/UIII N		State,	O-3-0 9 3-0-2-8			
Unit LetterC	:330	·	Feel From	The	North Line	and	). Fe	et From The	West	Line	
Section 2 Township	255		Range	371	<u> </u>	ирм,			Lea	County	
III. DESIGNATION OF TRANS	SPORTEI	R OF O	IL AND	NATUI	RAL GAS						
Name of Authorized Transporter of Oil		or Conden		— <sub>1</sub>		address to wh	nich approved	copy of this fo	orm is 10 be see	าน)	
Texas New Mexico Pip	P.O. Box 52332, Houston, Texas 77052										
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)  First City Tower, 201 Main St. Fort Worth, Cexas 76102					
Sid Richardson Carbon			,,-						Worth, Cex	as 76102	
If well produces oil or liquids, give location of tanks. No change		Sec.	Тwp.   	Rge.	ls gas actuall Y∈	•	When	? N/A			
If this production is commanded with that i	<u> </u>	r lease or	pool, give	commingli	ng order num	er:				+	
IV. COMPLETION DATA		Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		i	i				<u>i</u>	<u> </u>	<u>.</u>	<u>i</u>	
Date Spudded	Date Comp	l. Ready ic	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforauons								Depth Casii	ng Shoe		
										1	
I	T	UBING,	CASIN	G AND	CEMEN'II	NG RECOR	D				
HOLE SIZE	CAS	SING & TL	JBING SI	ZE		DEPTH SET			SACKS CIEM	ENT	
	<del> </del>	··									
	<del> </del>	<del></del>			<u> </u>						
					<u> </u>						
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		1						
OIL WELL (Test must be after r			of load oil	and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	<b>1</b>			Producing M	ethod (Flow, p	wr.p., gas lifi.	elc.)			
Length of Test	Tubing Pressure				Casing Press	urc		Choke Size			
								ICA MCE			
Actual Prod. During Test	Oil - Bbls.				Water - Bols			Gas- MCF			
GAS WELL	<del></del>				<del></del>						
Actual Prod. Test - MCF,D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Fre	Tubing Pressure (Shul-in)			Casing Pressure (Shut-in)			Choke Size			
pain, wax p	Toron My					, <del> ,</del>					
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIAN	CE				 'ATION'	ביייים ביייים	741	
I hereby certify that the rules and regulations of the Oil Conservation						OIL COI			DIVISIO	אוכ	
Division have been complied with and that the information given above is true and complete to the bost of my knowledge and belief.					NOV 1 8 1991						
is true and complete to the oca of my	niowiedge al	oenen.	_		Date	e Approve	ed			<del></del>	
Sharme & Ward					By ORIGINAL EAGNED BY JERRY SEXTON						
Signature Sharon E. Ward Prod. Regulatory Supv								SUPERVIS			
Printed Name			Title	<u> </u>	Title	<u> </u>					
November 1, 1991 (713) 469-9664  Date Telephood No.							್ರಾಥಿಗ	rout v	MAY	20 1993	
Date		1 0	p.1004 1 N	- ·	11000	ال الأن الله الحرياء	C18831	- M-		N 4 18 80	

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.