I Submit 5 Courses Appropriate District Office <u>D'STRICT I</u> P.O. Box 1980, Hobbs, NM 88240	State of N ergy, Minerals and Nat	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	P.O. B Santa Fe, New M	ATION DIVISION ox 2088 jexico 87504-2088	63793
I. Operator	REQUEST FOR ALLOWA	BLE AND AUTHORIZATION	I API No.
Citation Oil & Gas	Corp.		5-025-11413
Address 8223 Willow Place Reason(s) for Filing (Check proper box) New Well Recompletion. Change in Operator If change of operator give name	Change in Transporter of: Oil Dry Gas Casinghead Gas X Condensate	Texas 77070-5623 Other(Please explain) Effective November 1	, 1991
and address of previous operator			
II. DESCRIPTION OF WELL Lease Name State JM	Well No. Pool Name, Includ		id of Lease Lease No. ie, Rexident XXIIIEX
Location Urit LetterB	; 660 Feel From The	North Line and 1980	Feet From The <u>East</u> Line
Section 2 Township 25S Range 37E , NMPM, Lea County			
III. DESIGNATION OF TRA	NSPORTER OF OIL AND NATU	JRAL GAS	
Name of Autoorized Transporter of Oil Texas New Mexico P	X or Condensate	Address (Give address 10 which approv	ved copy of this form is to be seral) ston, Texas 77052
Name of Authorized Transporter of Casi	inghead Gas X or Dry Cas	Address (Give address to which approv	ved copy of this form is to be sent)
V Sid Richardson Carbo If well produces oil or liquids, give location of tanks. No change	Unit Sec. Twp. Rge	First City Tower, 201 Main St. Fort Worth, Texas 76102 Is gas actually connected? Yes N/A	
	at from any other lease or pool, give comming	gling order number.	
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deeper	n Plug Back Same Res'v Diff Res'v
Due 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
Ferforations			Depth Casing Shoe
	TUBING CASING ANT	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	EST FOR ALLOWABLE recovery of total volume of load oil and mu Date of Test	st be equal to or exceed top allowable for Producing Method (Flow, pump, gas li	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilos, back pr.)	Tubing Pressure (Shui-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR 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.		OIL CONSERVATION DIVISION NOV 1 8 1991	
Signature	E Uhrd	By ORIGINAL SUGNED BY JERRY SEXTON	
Sharon E. Ward	Prod. Regulatory Supv	DISTRACT	JAJ1 &IX VIV 0
November 1, 1991 (713) 469-9664 Date FOR RECORD ONLY			
INSTRUCTIONS: This form is to be filed in compliance with Bule 1104			

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.