District I PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV		•	State of Ne Energy, Minerals & Notur OIL CONSERVA PO Box Santa Fe, NM			res Department	Form Revised February 10, Instructions of Submit to Appropriate District			
						Box 2088 NM 87504-2088		Submit to Appropriate District 5 (
PO Box 2088, Sa I.	nta Fe, N	M 87504-2088 REQUES	[FOR	ALLOW	ARIF		JTHORIZAT			MENDED REI
			Operator	Bame and Add	Iress		THURIZA	T <u>UN IUT</u>	³ OCRID Nu	
Citation Oil & Gas Corp.								004537		
8223 Willow Place Sou Houston, Texas 77070			South	outh Ste 250)			' Reason for Filing Code			
· API Number		* Pool Name					CO Effective 4-1-95			
30 - 0 25-11414		Justis Tubb							* Pool Code 35280	
['] Property Code 002832 I. ¹⁰ Surface Location		State JM			³ Property Name				' Well Number	
								2		
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	ottom	Hole Loc	ation							Lea
UL or lot no. S B	Section 2	Township	Range	Lot Ida		from the	North/South line	Feet from the	East/West line	Coupty
		25S	37E		_	330	North	1650	East	Lea
S	P		-	s Connection D	Pale	¹⁴ C-129 Permit	Number 1	C-129 Effective 1	Jale "C-	129 Expiration De
I. Oil and	Gas	Transport	ers					<u> </u>		
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20200	2									·
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	New Mexico Oli Con C-104 Insti	ructio
IF THIS	S AN AMENDED REPORT, CHECK THE BOX LABLED D REPORT AT THE TOP OF THIS DOCUMENT	2
Report all	gas volumes at 15.025 PSIA at 60°. all volumes to the nearest whole barrel.	2
A request	for allowable for a newly drilled or deepened well must be need by a tabulation of the deviation tests conducted in a with Bule 111.	2
All section	ns of this form must be filled out for allowable requests on monomplated wells.	
	accomplete and the operator certifications for hly sections I, II, III, IV, and the operator certifications for of operator, property name, well number, transporter, or inchanged and the section of the	2
changes	of operator, property	2
	ate C-104 must be filed for each pool in a multiple	:
	on. Iy filled out or incomplete forms may be returned to s unapproved.	:
1.	Operator's name and address	
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	
3.	Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include volume requested) If for any other reason write that reason in this box.	
4.	The API number of this well	
5.	The name of the pool for this completion	
6.	The pool code for this pool	
7.	The property code for this completion	
8.	The property name (well name) for this completion	
9.	The well number for this completion	
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.	
11.	The bottom hole location of this completion	
12.	Lease code from the following table: F Federal S State P Fee J Jicarilla N Navajo U Ute Mountain Ute J Other Indian Tribe	
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	
14.	MO/DA/YR that this completion was first connected to a gas transporter	
15.	The permit number from the District approved C-129 for this completion	
16.	MO/DA/YR of the C-129 approval for this completion	
17.	MO/DA/YR of the expiration of C-129 approval for this completion	
18.	The gas or oil transporter's OGRID number	

- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: 21. 0 G Oil Gas

- T' e ULSTR location of this POD if it is different from the well completion location and a short description of the POD [Example: "Battery A", "Jones CPD",etc.] 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casin shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top an bottom. 32.
- Number of sacks of cement used per casing string 33.
- The following test data is for an oil well it must be from a te conducted only after the total volume of load oil is recovered.
- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipely -35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
 - Diameter of the choke used in the test
- 40. Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
 - The method used to test the well:

45.

47.

- F Flowing P Pumping S Swabbing If other method please write it in.
- The signature, printed name, and title of the per authorized to make this report, the date this report signed, and the telephone number to call for quest about this report 46.
 - The previous operator's name, the signature, printed name and title of the previous operator's represent: authorized to verify that the previous operator no lo operates this completion, and the date this report signed by that person

