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

## State of New Mexico \_nergy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1.		OTHAN	SPORT OIL	_ AND NA	TURAL GA						
Operator Citation Oil & Gas Corp.					l l			API No. 30-025-30158			
Address 8223 Willow Place S		250 4	Houston,	Toyas 7	7070-562	3					
Reason(s) for Filing (Check proper box)	outh 3th	230 1	ious con,		ner (Please expla		<del></del>				
New Well		Change in Tr	ansporter of:		ici (i tease expir	aunj					
Recompletion	Oil		y Gas								
Change in Operator	Casinghead		ondensate	Effect	ive Nove	mber 1,	1991				
If change of operator give name and address of previous operator	Campical Care	- Cas [A] Ci	AUGUSTIC [				· · · · · · · · · · · · · · · · · · ·				
•								<del></del>	<del></del>		
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Langlie Mattix Unit	ing Formation attix 7				of Lease Lease No. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
Location Unit Letter G	. 139	1 =	et From The	North	. 2	571 -		East			
Section 23 Townshi	0.4	 c	a from the		MPM,	<u> </u>	et From The .		Line	;	
	F				IAITIAI,	·		: a	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		COF OIL	AND NATU								
Shell Oil Company					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79702						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Sid Richardson Carbon & Gasoline Co.					Address (Give address to which approved copy of this form is to be sent) First City Tower, 201 Main St. Fort Worth, Texas 761					,,	
If well produces oil or liquids, Unit Sec. Twp. Rge.					ls gas actually connected? When			nor cir, Te.	1010	2	
give location of tanks. No change  If this production is commingled with that	<del>   </del>	r lesse or poo	1 0000 0000000	1	es		N/A				
IV. COMPLETION DATA				ing order nur					· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date 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			
Perforations								Depth Casing Shoe			
	77	IRING CA	SING AND	CENCENTT	NC DECOD	D	<u> </u>	·	<del></del>	-	
HOLE SIZE	1			CEMENT	CEMENTING RECORD			CACKO OF UEVE			
	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
	İ					·····	<del> </del>	<del></del>		$\dashv$	
V. TEST DATA AND REQUES	T FOR AT	LOWARI	T.			- <del> </del>					
				he equal to o	exceed top allo	wahla fan thi	denth on he i	(a. 6.27 2.4 h	1		
D. F. W. Oliver T. C.					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	T. Line D.									$\dashv$	
	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbis.			Water - Bbls			Gas- MCF				
GAS WELL			· · · · · · · · · · · · · · · · · · ·	·		·	*				
Actual Prod. Test - MCF/D	Length of Test:					Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Press	ure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE											
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				× 3 1991							
S Magazine G (1) 0					Date Approved						
Signature C C C C C C C C C C C C C C C C C C C				By RAL SERVED BY JERCH CEXTON							
Sharon E. Ward Prod. Regulatory Supv Printed Name Title				AWTINGT I SUPERVISOR							
November 1, 1991	(713)	469-966 Telephoo	4	Title			· · · · · · · · · · · · · · · · · · ·		***	_	

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.