

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	
CITATION OIL & GAS CORP.	
Address	
16800 Greenspoint Park Drive, Suite 300 S., Houston, TX 77060-2304	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	
N/A	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Langlie Mattix Unit #1	19	Langlie Mattix 7 Rvrs, Q, GB -	State, Federal or Fee FEE	
Location				
Unit Letter	G	1391	Feet From The North Line and	2571
		Feet From The East		
Line of Section	23	Township	24S	Range 37E
		NMPM, Lea County		

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Shell Oil Company	P. O. Box 1910, Midland, TX 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.
		SAME		
Is gas actually connected?	When			
Yes	1/25/88			

If this production is commingled with that from any other lease or pool, give commingling order number:

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth	P.B.T.D.				
12/2/87	1/25/88		4000'	3951'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth				
3194' GL	7 Rvrs, Queen, GB		3392'	3564'				
Perforations					Depth Casing Shoe			
3392-3443 & 3476-3544'								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1000'	625
7-7/8"	5-1/2"	4000'	900
	2-3/8"	3564'	---

## V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1/21/88	1/31/88	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	30 psi	30 psi	N/A
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
45 BO & 50 BW	45	50	70

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 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.

  
(Signature)  
Production Administration Manager  
(Title)  
February 1, 1988  
(Date)

## OIL CONSERVATION DIVISION

APPROVED FEB 4 - 1988, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.