Submit 5 Cooies Appropriate District Office <u>PISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210 <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aziec, NM 87410 I.	State of Ne Energy, Minerals and Natu OIL CONSERVA P.O. Bo Santa Fe, New Me REQUEST FOR ALLOWAB TO TRANSPORT OIL	TION DIVISION 0x 2088 exico 87504-2088 LE AND AUTHORIZATIO AND NATURAL GAS	
Operator Citation Oil & Cas Corp 35-025-09715			
Address			
8223 Willow Place South Ste 250 Houston, Texas 77070-5623 [Reason(s) for Filing (Check proper bax) Other (Please explain)			
New Well	Change in Transporter of:		
	Oil Dry Gas Casinghead Gas Condensate	Effective November	1. 1991
Change in Operator			
and address of previous operator			
II. DESCRIPTION OF WELL A	Well No. Pool Name, Includin	ng Formation	Kind of Lease Lease No.
Stat	ce 1-Y Jalmat Tan	sill Yates 7 Rvrs	State, XF36deHalK dr XF36eX
Unit Letter D	: 380 Feet From The	larth_Live and380	Feet From The West Line
Section 36 Township	24S Range 36E	, NMPM,	Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil Texas New Mexico Pipeli	ine Company		Houston, Texas 77052
Name of Authorized Transporter of Casingh	head Gas X or Dry Gas	Address (Give address to which ap First City Bank Tower,	proved copy of this form is to be sent) 201 Main St. Fort Worth, Texas
Sid Richardson Carbon &		Is gas actually connected?	76102 When ?
give location of tanks. No chan	ige i i i	Yes	N/A
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA			
1	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Res'v Diff Res'v
Designate Type of Completion - Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		Top Oil/Gas Pay	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tubing Depth
Ferforations			Depth Casing Shoe
	TUBING, CASING AND	CLMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES	T FOR ALLOWABLE		
OIL WELL (Test must be after rea	covery of 10tal volume of load oil and must	be equal to or exceed top allowable Producing Method (Flow, pump, ge	for this depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, g	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate
Actual Frod. Test - MCF/D	Length of Test		
Testing Method (pilot, 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 Date Approved	
Sharon E Ward		By ORIGINAL MONED BY JERRY SEXTON	
Sharon Ward Prod. Regulatory Supy Printed Name November 1, 1991 (713)-469-9664 Date Telephone No.		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.

. .

/

RECEIVED

NOV 1 8 1891 (0 0 HORST (0 0 0 1