Submit 5 Copies
Appropriate Diranct Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	j	OTHAN	<b>USP</b>	OH LOIL	AND NA	IURALGA		API No.				
Operator												
Citation Oil & Gas Corp	30-025-09716											
8223 Willow Place South	Ste 250	Houston	, T	exas 770	70-5623							
Reason(s) for Filing (Check proper box)					Othe	r (Please expla	zin)					
New Well		Change in T	-	r								
Recompletion $\sqcup$	Oil	_	Dry Ga	-	n - 1	104	7 7/	. 01/	- <b>-</b>			
Change in Operator  If change of operator give name	Casinghead	Gas [ ]	Conder	isate 📺	Replaces C	-104 SUDM1	tted /-ic	-91 W/WIO	ng Iranspo	rter info.		
and address of previous operator												
II. DESCRIPTION OF WELL	AND LEA								<b></b>			
Lease Name State B Com		Well No. 1			, Including Formation Kind of Lease State State, Federal or Fee							
Location					N 4 3	188	201					
Unit LetterC	_ :66	50 <b>"</b> 1	Feet Fr	om The	North Line	and	F	et From The	West	Line		
Section 36 Township	24S	1	Range	36E	, NI	иРМ,			Lea	County		
III. DESIGNATION OF TRAN	SPORTEI	R OF OII	LAN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Condens		X	Address (Giv	e address 10 wi	nich approved	copy of this f	orm is to be se	nı)		
Koch Oil Company P.O. Box 2256 Wichita, Kansas 67201										.1		
Name of Authorized Transporter of Casing		· ·	or Dry	Gas X		e aaaress 10 w/ : 1492 El				nı)		
El Paso Natural Gas Company  If well produces oil or liquids.		Sec.	Twp.	Rge.	Is gas actually	·		Texas 79976 When ?				
give location of tanks. No change	02		p.		Yes		N/					
If this production is commingled with that f	rom any othe	r lease or po	ool, giv	e commingl	ing order numb	жг						
IV. COMPLETION DATA		1			1	I	1 5	1 5 5 1	le 5 :			
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	I	<u> </u>	P.B.T.D.				
Ti (DE DVO PT CD )					Top Oil/Gas	Pav		Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation								Tubing Deput				
Perforations								Depth Casir	ng Shoe			
	T	UBING, C	CASI	NG AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT				
	<u> </u>					<del></del>			· · · · · · · · · · · · · · · · · · ·			
	<del>                                     </del>				<u> </u>							
	<del>                                     </del>											
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> </u>			<u>, l .,</u>				
OIL WELL (Test must be after re	covery of tol	al volume o	f load i	oil and must					for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test	Į.			Producing Me	ethod (Flow, pr	ump, gas lifi,	eic.)				
Length of Test	  Tubing Pres	Sure			Casing Press.	ıre		Choke Size				
						·			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCI			
GAS WELL	<del></del>											
Actual Frod. Test - MCF/D	Length of T	esi			Bbis. Conden	sate/MMCF		Gravity of	Condensate			
Testing Method (pitot, back pr.)	esting Method (pilot, back pr.) Tubing Pressure (Shut-in)				Casing Press	ire (Shut-in)		Choke Size				
esting Miethod (puot, back pr.)												
VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIAN	NCE		NI 001	IOFOL	ATION	רוז יוכוכ	N 1		
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.												
is true and complete to the best of my k	TOWIEGE STR				Date	Approve	ed					
Shooron >	War	W			D.,	makilin.41	anan i	Y JERRY SI	EXTON			
Signature Sharon E. Ward Production Regulatory Supv						By ORIGINAL MOMED BY JERRY SEXTON  ENTRY OF LUPERVISOR						
Printed Name			Title	<del></del>	Title							
7-22-91 Date	/13-46	69-9664 Telep	hone N	No.								

## 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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

I.						TURAL G							
Operator	- AND NA	TONALG		Pl No.									
Citation Oil & Gas Con			30-0	25-09716	5-09716								
Address						·							
8223 Willow Place Sout	<u>th Ste 2</u>	50	Hous	ton, T		7070 <b>-</b> 562							
Reason(s) for Filing (Check proper box) New Well		Channa in i	T	af:		ncs (Please expl	ain)						
Recompletion	Oil	Change in	Dry Gas										
Change in Operator	Casinghead		Condens		Effecti	ve Novem	ber 1. 1	991					
If change of operator give name							, , , , , , , , , , , , , , , , , , , ,		•				
and address of previous operator	· · · · · · · · · · · · · · · · · · ·									<del></del>			
II. DESCRIPTION OF WELL			1		<del></del>	<del></del>							
State B Com	Well No. Pool Name, Includi				Ctota			f Lease No. Federal or Fee					
Location State B Com	<u> </u>	1 Custer Devonian Same, recent rec											
Unit LetterC	:66	0'	Feet From	n The No	orth Li	e and <u>188</u>	30' Fe	et From The _	West	Line			
Section 36 Township 24S Range 36E , NMPM, Lea County													
III. DESIGNATION OF TRAN	SPORTER	OF OI	L AND	NATU	RAL GAS								
Name of Authorized Transporter of Oil		or Condens	210	X	Address (Gi	ve address to w	• •			nt)			
Koch Oil Company						x 2256,		<del> </del>					
Name of Authorized Transporter of Casing Sid Richardson Carbon								oved copy of this form is to be sent)  11 Main St. Fort Worth, Texas 76102					
If well produces oil or liquids, give location of tanks. No change	Unit :	Sec.	Тwp.	Rge.	ls gas actual	y connected? Yes	When	?	N/A				
If this production is commingled with that	from any other	r lease or p	ool, give	commingl	ing order num	ber:							
IV. COMPLETION DATA					1	1	· - · · ·						
Designate Type of Completion	- (X)	Oil Well	Ga	s 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 Pro	ducing For	mation		Top Oil/Gas	Pay		Tubing Depth					
Perforations								Depth Casing Shoe					
									,				
	π	JBING, (	CASIN	G AND	CEMENTI	NG RECOR	D						
HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT						
						····							
						· · · · · · · · · · · · · · · · · · ·							
V. TEST DATA AND REQUES								*					
OIL WELL (Test must be after re		il volume o	f load oil	and must					or full 24 how	rs.)			
Date First New Oil Run To Tank	Date First New Oil Run To Tank Date of Test							Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press	ıre	· <del></del>	Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF					
GAS WELL	1												
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conder	sate/MMCF		Gravity of Condensale					
					<u> </u>	· · · (C) · · · · · · ·		Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	ire (Snut-in)		Choke Size						
VI. OPERATOR CERTIFICA	ATE OF (	COMPI	LIANC	Œ			IOED!	TION	N (1010				
I hereby certify that the rules and regulations of the Oil Conservation				(	DIL CON								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.													
is a second complete to the best of my anowiedge and belief.					Date Approved								
Sharon & Lihand					_	procession and	STEET BELLINGER	Biggs gitter in Hersen	W CHILDRAN	•			
Signature Character Mound Durad Davids Co					∥ gà−	机械推断	STATE OF THE	en wa isele Taliwan	i staton Ior	<u>i</u>			
Sharon Ward Prod. Regulatory Supv					By CAGALL MONEY BY JERRY SEXTON  OF 18 JY I SUPERVISOR  Title								
November 1, 1991 (713)-469-9664					Title					<u> </u>			
Date		Telepi	hone No.										

## 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.