Submit 5 Cooles
Appropriate District 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

DISTRICT II
P.O. Drawer DD, Artesia, 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

1.		OTHA	NSP	OK I OIL	- AND NA	TURAL G					
Operator  Citation Cil & Con Conn								API No.	PI No. 5-025-29210		
Citation Oil & Gas Co	rp.			<del></del>				33 <b>-</b> 025-2	9210		
8223 Willow Place Sou	th Ste 2	250	Hous	ston, T	exas 77	7070-5623	3				
Reason(s) for Filing (Check proper bax)						et (Please expl					
New Well		Change in									
Recompletion  Change in Operator	Oil Casinghead		Dry Ga Conden	_	Effecti	ve Novem	her 1	1991			
If change of operator give name	Casinginae	. 02.	Conoca			7C 1107C	, inc. 1	1331			
and address of previous operator						··· · · · · · · · · · · · · · · · · ·			<del></del>	· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name State B Com  Well No. Pool Name, Includ  Custom							of Lease Lease No.  Federal or Fee				
Location		2		Custer	Devonia	<u>n</u>	State,	received or re-			
7	. 1650	0.1		_	Couth.	. 100	_ ۱۰		Esst		
	_:103	<u> </u>	reet ru	om The	<u>SUU LII Lib</u>	and <u>198</u>	<u>U</u> Fe	et From The	East	Line	
Section 36 Townsh	<sub>ip</sub> 248		Range	36E	, NI	MPM,			Lea	County	
m proveni mon on m											
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens	210		RAL GAS	e address to wi	hick approved	come of this f	or- is to be se	()	
Koch Oil Company		or conocus		X	P.0.	Box 225	6. Wichi	ta. Kan	sas 672	_	
Name of Authorized Transporter of Casin			or Dry	Gas X	Address (Giv	e address to w	hich approved	come of this f	orm is to be se	·=()	
Sid Richardson Carbon	& Gasol				First Ci	y Bank To	wer, 201 i	Main St.	Fort Wort	1,76102	
If well produces oil or liquids, give location of tanks. No change		Unit   Sec.   Twp.   Rge.			is gas actually connected? When						
f this production is commingled with that			سنس امم			Yes		<del></del>	N/A	··········	
V. COMPLETION DATA	nom any ome	r rease or p	∞ı, gıvı	e commingi	ing order num	жг. 	<del></del>				
		Oil Well	0	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
	Pesignate Type of Completion - (X)						<u> </u>		<u> </u>	İ	
Date Spudded Date Compl. Ready			Prod.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay						
The of Treating Comments								Tubing Depth			
renormons	_1	<del>- · · · · · · · · · · · · · · · · · · ·</del>						Depth Casin	g Shoe		
TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								<u> </u>			
	<del> </del>			<del></del>				<u> </u>	<del></del>		
						** ** ** ** ** ** **			<del></del>		
'. TEST DATA AND REQUES								·····			
OIL WELL (Test must be after r	<del></del>		fload o	il and must				·	for full 24 hou	rs.)	
e First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
ength of Tes.	Tubing Press	sure			Casing Press	ire	-	Choke Size			
Actual Prod. During Test	During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
								1		<del></del>	
GAS WELL	<del></del>				IBU-C :	0.0.00	<del></del>				
Actual Prod. Test - MCF/D	Length of Te	es l			Bbis. Conden	MELE/MMCF		Gravity of C	ondensate		
esting Method (pitos, back pr.) Tubing Pressure (Shut-in)							Choke Size				
S A S S S S S S S S S S S S S S S S S S		, <b>-</b>	-			•					
I. OPERATOR CERTIFIC	ATE OF	COMPI	JAN	CE				<del>-</del>	<del></del>	······································	
I hereby certify that the rules and regul				<b>C</b> D		DIL CON	1SERV	NOITA	DIVISIC	N	
Division have been complied with and	that the inform	ation given								1 1 1	
is true and complete to the best of my l	Dowledge and	Denef.	Λ		Date	Approve	d	<u>-</u>			
Shami 9	ر ا	ma.	al								
Signature	<u>e</u>		<u> </u>		By_	<b>Value</b>	<del>.,</del>		الانتيا		
<u>Sharon Ward Prod.</u>	Regulato					j.	A MICY (	UPPEVISO	R.		
Printed Name November 1, 1991	1711		Title OSS/	1	Title	\$1.					
Date November 1, 1991	1/13	3)-469-	- 9004								

## 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.