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Appropriate Dirariet 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

I.	7	OTRA	ANSF	PORT OIL	_ AND NA	TURAL G	AS			
Operator				Well	VPI No.					
Citation Oil & Gas Corp).						un	known		
Address 8223 Willow Place South	Ste 250	Houst	on, '	Texas 770	70-5623					
Reason(s) for Filing (Check proper box)	***************************************		•		Ot	her (Please expl	ain)			
New Well		Change is		_						
Recompletion	Oil	<u>_</u>								
Change in Operator	Casinghead	Gas _	Conde	ensate X	Replaces	C-104 subm	itted 7-16	-91 w/wro	ng Transpo	orter info.
If change of operator give name and address of previous operator										
•	4 N ID Y D 4	CZ								
II. DESCRIPTION OF WELL Lease Name		Well No.	Dool)	Varia Institut	Fi		1 22:- 4	61		
State B Com	Well No. Pool Name, Including Formation Kind of Lease State Lease No. 2 Custer Ellenburger State, Federal or Fee								ease No.	
Location			1	Custer 1	erremarde	=1				
Unit LetterJ	:1650	o '	_ Feet F	rom The	South Lin	ne and19	80 Fe	et From The	East	Line
Section 36 Township 24S Range 36E , NMPM, Lea County									County	
III. DESIGNATION OF TRAN	כסטטעבי	ን ሰሮ ሳ	YY 43	יייי או מו	DAT C10					
Name of Authorized Transporter of Oil		or Conder				ve address to wi	hich approved	com of this f	nem je to L	
Koch Oil Company	لـــا			X	1					nu)
Name of Authorized Transporter of Casing	thead Gas		or Dry	Gas X	Address (Gi	Box 2256 we address to wi	wich approved	come of this fo	7201 To be se	
El Paso Natural Gas Company				تــما		x 1492 E1			AM S 10 DE SE)
If well produces oil or liquids,		Sec.	Twp.	Rge.		ly connected?	When			
give location of tanks. No change	لـــــــــــــــــــــــــــــــــــــ			1	Ye	s	N/A			i
If this production is commingled with that IV. COMPLETION DATA	rom any othe	r lease or	pool, gi	ve comming	ing order nur	iber:				
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	e Compl. Ready to Prod.				1	l	P.B.T.D.		
•										
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth		
Perforations						Depth Casing Shoe				
		IRING	CASI	NG AND	CEMENTI	NG PECOP	<u>D</u>	<u> </u>		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CLIVILIVII	DEPTH SET	<u></u>	T 6	ACKS CEM	ENIT
								GAGAS CEMERT		
								ļ		
V. TEST DATA AND REQUES										
OIL WELL (Test must be after re Date First New Oil Run To Tank		il volume	of load	oil and must					or full 24 hou	rs.)
Date I has New On Rule 10 Tank	Date of Test				Producing M	ethod (Flow, pu	тр, даз 191, е	(c.)		
Length of Test Tuhing Pressure					Casing Press	ште		Choke Size		
Tubing Pressure										
Actual Prod. During Test	Oil - Bbls.		•		Water - Bbls	•		Gas- MCF		
GAS WELL				**						
Actual Prod. Test - MCF/D	Length of Te	:S1			Bbls. Conder	sate/MMCF		Gravity of C	ondensate	
esting Method (pilox, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA	ATE OF (COMP	IJAN	NCE.				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					Pan 6 0 111					
is true and complete to the best of my knowledge and belief.					Date Approved					
Clara S	1.1000	()							· · · · · · · · · · · · · · · · · · ·	ii
Smron 6 ward					By ORIGINAL COUNTY DV (EDDY CEVEN)					
Signature Sharon E. Ward Production Regulatory Supv					By ORIGINAL SUBNET BY JERRY SEXTON DITIONS SUPERVISOR					
Printed Name Title					Title					
7-22-91	713-46			• ———	ll ille			····		
Date		Tele	phone N	ło.						

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.

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		10 1117	1110	T CITI CIL	-7040 1474	1011/12 0/		API No.				
Citation Oil & Gas Corp.								unknown				
Address		MANUSTRA										
8223 Willow Place South	St.e 250	Housto	on.	Texas 770	70-5623							
Reason(s) for Filing (Check proper box)						et (Please expl	ain)					
New Well		Change in	Tran	sporter of:		,	,					
Recompletion	Oil		Dry	_								
Change in Operator	Casinghea	d Gas \Box	-	_	Replaces C	-104 submi	itted 7-16	5-91 w/wro	ng Transn	orter info.		
If change of operator give name									g 11 a5p	orter into.		
and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	ASE	,									
Lease Name		Well No.	Poo	l Name, Includi	ng Formation			Kind of Lease State		ease No.		
State B Com	2 Custer D			Custer Dev	onian		Sind	State, Federal or Fee				
Location												
Unit Letter J	_ :16	50'	. Feet	From The	South Lin	and1980)' Fo	et From The	East.	Line		
Section 36 Townshi	p 24S		Ran	ge 36E	, Nī	мрм,		****	Lea	County		
		:	 .									
III. DESIGNATION OF TRAN	SPORTE			ND NATU			,					
Name of Authorized Transporter of Oil		or Conden	Sice	X	Address (Give address to which approved copy of this form is to be sent)							
Koch Oil Company					P.O. Box 2256 Wichita, Kansas 67201							
Name of Authorized Transporter of Casing	-		or Dry Gas X Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 E1 Paso, Texas 79978							eni)		
El Paso Natural Gas Company Il well produces oil or liquids.		C-4	1 ~	n								
give location of tanks. No change	Unit	Sec.	Twp). Kgc.	ls gas actuali			When?				
If this production is commingled with that	(mm any exh	er lesse or		aius comminel	Yes		N/1	1				
IV. COMPLETION DATA	HOIL Ally Out	er rease or	pooi,	Rive constitution	INE OLOSE BOULD	····						
TV. COM BETTON BATA		Oil Well		Gas Well	New Well	Workover	Doores	Diver Deale		hien ii		
Designate Type of Completion	- (20)	I On Well	} 	Gas Well	I HEM MEIL	i workover	Deepen	i Piug Back	Same Res'v	Diff Res'v		
Date Spudded		ol. Ready to	Prod		Total Depth	<u> </u>	1	P.B.T.D.	1			
			-				F.B.1.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth				
Table of Fredering Formation						•		Tuoling Deput				
Perforations					İ			Depth Casing Shoe				
									•			
	T	UBING.	CA	SING AND	CEMENTI	NG RECOR	D	<u>', </u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT					
V. TEST DATA AND REQUES	T FOR A	LLOWA	LBL	E								
OIL WELL (Test must be after re	ecovery of 10	tal volume	of loc	id oil and must	be equal to or	exceed top allo	owable for thi	s depth or be j	for full 24 hou	σs.)		
Date First New Oil Run To Tank	Date of Tes	SI.			Producing Me	ethod (Flow, pu	ump, gas lift, d	eic.)				
		·										
Length of Test	gth of Test Tubing Pressure				Casing Press	ire		Choke Size	Choke Size			
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF				
	<u> </u>				<u></u>	····		<u> </u>				
GAS WELL												
Actual Prod. Test - MCF/D						sate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of Condensate				
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in)					Casing Press	ire (Shui-in)		Choke Size				
VL OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE								
I hereby certify that the rules and regula						DIL CON	ISERV	ATION	DIVISIO	NC		
Division have been complied with and that the information given above												
is true and complete to the best of my k	nowledge an	nd belief.			Date	Approve	Н		· * * * * * * * * * * * * * * * * * * *	k.		
5	, 1	\cap			Daic	, rippiore	<u> </u>					
Sharon E 11 brow					D	6.2 DB	r - gradser) BY JERRY	SEXTON			
Signature Sharon E. Ward Production Regulatory Supv					By SERVICE I SUPERVISOR							
Printed Name	TOGUCLIO	n vedate	Title		11							
7-22-91	713-4	69-9664	1 100		Title							
Date			phone	No.								

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