40. OF COPIES RECEIVED			
DISTILIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
OIL			
GAS	1		
OPERATOR			
ICE			
	OIL	OIL	

1979 (Dute)

June 1.

	DISTRIBUTION	1	CONSERVATION COMMISSION	Poim C-104 Supersedes Old C-104 and C-11i		
	FILE /	REQUEST	FOR ALLOWABLE	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
•	LAND OFFICE	AUTHORIZATION TO TRA	THIS ORT OLE AND HATOKAE			
	IRANSPORTER OIL		·			
	GAS /					
	OPERATOR 2	<u>.</u>		•		
1.	PRORATION OFFICE	<u></u>		· · · · · · · · · · · · · · · · · · ·		
	Operator					
	Cotton Petroleum Co	rporation				
		uite 2200 Denver Colora	do 80202			
	717 17th Street, Suite 2200, Denver, Colorado 80202 Reason(s) for filing (Check proper box) Other (Please explain)					
	New We!I Change in Transporter of:					
	Recompletion OII Dry Gas					
	Change in Ownership X	Casinghead Gas Conder	nsale [
If change of ownership give name						
and address of previous owner H. K. Kessee P. O. Box 1995, Farmington, New Mexico 87401						
	TO DESCRIPTION OF MENT AND TEACH					
П.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Leas	Lease No.		
	Cinco Diablos	13 Ballard Pici	ture Cliff State, Feder	al or Fee Ind.		
	Location			_		
	Unit Letter A ; 7	90 Feet From The North Lin	ne and 790 Feet From	The <u>East</u>		
.*			nii waa Caaday	ral County		
•	Line of Section 19 To	waship 23N Range	3W , NMPM, Sandov	'al County		
		TEN OF OUR AND NATURAL CA	us.			
Ш.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)		
	Keine of Authorized	_				
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Gas		P. O. Box 990, Farmir	gton. New Mexico 87401		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected?	nen		
	give location of tanks.		<u> </u>			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on — (X) χ	x :			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	2-17-69	<u> </u>	3030'	2985'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth		
!	7260 GR	Pictured Cliff	2937'	2933 Depth Casing Shoe		
	Perforations	,				
2937'-2965' TUBING, CASING, AND CEMENTING RECORD						
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	11-1/4"	7-5/8"	99'	75 sacks		
	6-3/4"	4-1/2"	3016'	100 sacks		
	0-3/4			 		
			<u>i </u>			
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	feer recovery of social volume of load oil	and must be equal to or exceed top allow-		
OIL WELL						
	Date First New Oil Run To Tanks	Date of 1991		SEIL IES		
	Length of Test	Tubing Pressure	Casing Pressure	SEIFILED /		
	Langta Di 1991		<u> </u>	Value		
	Actual Prod. During Test	Oil-Bble.	Water-Bble.	JUN 411979		
			<u> </u>	OIL CON. COM.		
	GAS WELL	Length of Test	Bbis. Condensate/MMCF	OIL COLT. 3		
	Actual Prod. Test-MCF/D	Length of 14-1				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size		
	CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION		
¥1.	CERTIFICATE OF COMPLIAN		JUN	JUN 4 1979		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED			
Countries have been complied with and that the intermetion kives		Original Signed by FRANK T. (HAVEZ				
	above is true and complete to the best of my knowledge and belief.		DEDITY ON & GAS	DEDITY ON & GAS INSPECTOR DIST #3		
**	0 -		11116			
			This form is to be filed in	compliance with RULE 1104.		
	W Clu			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		
		atwe)	leate taken on the well in acco	Digance with Hore it.		
	Division_Production	n Manager	All sections of this form m	All sections of this form must be filled out completely for silow- able on new and recompleted wells.		
			H			

All sections of this form must be filled out completely for shows able 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 conditions.

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