NO. OF COPIES RECEIVED		15	
DISTRIBUTION			
SANTA FE		\prod	
FILE		17	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		Τ,	

	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104			
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65			
	U.S.G.S.	ALITHOPIZATION TO TRA	AND				
1	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	_ GAS			
	TRANSPORTER OIL	-					
	GAS						
	OPERATOR						
1.	PRORATION OFFICE Operator			•			
	Cotton Petrole	um Corporation	•				
	Address	um o or por a oron					
	1660 Lincoln S	treet, Suite 2502,	Denver, Colorado	80203			
	Reason(s) for filing (Check proper box)		Other (Please explain)	30203			
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Ga	75 1				
	Change in Ownership X	Casinghead Gas Conden					
	If change of ownership give name	Manning Gas & Oil Co Suite 2502, Denver,	mpany, 1000 Lincol	n Street			
	and address of previous owner	saite 2 Joz; Deliver,	COTOFAGO 60303				
II.	DESCRIPTION OF WELL AND I	LEASE					
	Lease Name	Well No. Pool Name, Including Fo		ase Jicarilla Lease No.			
	Apache	101 Lindrith Dak	ota-Gallup W State, Fed.	eral or Fee Apache 126			
	Location A 500	Nomth	pali	TD 1			
	Unit Letter;;	Feet From The North	e and — 774 Feet Fro	m The East			
	Line of Section 2 Tow	mship 24N Range	W , NMPM, Ri	o Arriba County			
	Eme of Section 12		THE PROPERTY IN	O ATTIDA COUNTY			
III.	DESIGNATION OF TRANSPORT						
	Name of Authorized Transporter of Oil	<u> </u>		proved copy of this form is to be sent)			
	Permian Corpora Name of Authorized Transporter of Cas		P.O. Box 1702, Far	mington. N.M. 87401 proved copy of this form is to be sent)			
			1				
	El Paso Natural	Unit Sec. Twp. Rge.	P.O. Box 990, Farm Is gas actually connected?	ington, N.M. 87401			
	If well produces oil or liquids, give location of tanks.		Yes	7-31-75			
	If this production is commingled wit	h that from any other lease or pool					
	COMPLETION DATA	in that from any other rease or poor,	give comminging order number.				
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
			1				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	(21, 1112, 111, 011, 011, 011)	•					
	Perforations	L		Depth Casing Shoe			
			CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a		oil and must be equal to or exceed top allow-			
• •	OIL WELL	able for this de	pth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	(ift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Length of lest	Tublic Flessma	0.000.00	0.020 0.00			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
	-						
	GAS WELL	1					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	, and the second			- John State Company			
VI	CERTIFICATE OF COMPLIANCE	TE .	OIL CONSERV	VATION COMMISSION			
¥ 1.	CERTIFICATE OF COMPLIANCE	ERTIFICATE OF COMPLIANCE		1 2 2 2 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. For: Cotton Petroleum Corporation		By Original Signed by A. R. Kendrick					
					TITLE SUPERVISOR DEST. #3		
		This form is to be filed in compliance with RULE 1104. 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 tests taken on the well in accordance with RULE 111.					
					Ewell N. Walsh, P.E., President		
						Ewell N. Walsh, P.E	
	Walsh Engineering &		able on new and recompleted	wells. It ill and VI for changes of owner.			

(Date) August 11, 1977

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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