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SANTA FE			
FILE			
U.S.G.S.		<u> </u>	
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL	L	
INANSPORTER	GAS	1	
OPERATOR		12	

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

}	SANTA FE	$\vdash$	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65				
- 1	U.S.G.S.	$\vdash$	AUTUODIZATION TO TO A	AND ISPORT OIL AND NATURAL G	AC				
ł	LAND OFFICE		AUTHORIZATION TO TRAF	NSPURT OIL AND NATURAL G	A3				
	TRANSPORTER OIL								
	OPERATOR 2								
	PRORATION OFFICE								
1.	Operator	1							
Cotton Petroleum Corporation									
	Address	P.O. Box 254, c/o Walsh Engr.&Prod. Corp. Farmington, N.M. 87401							
	Reason(s) for filing (Check prope			Other (Please explain)					
	New Well	,	Change in Transporter of:		Le trans				
	Recompletion		Oil Dry Gas	sate   name cha					
	Change in Ownership		Casinghead Gas Condens	sate Manning	Ø 20. Co				
	If change of ownership give na and address of previous owner								
11.	DESCRIPTION OF WELL A	ND I	LEASE		_				
	Lease Name		Well No. Pool Name, Including Fo	1	Sicariiia contract				
	Apache		18 So. Blanco I		refree Indian 126				
	Unit Letter K ;_	18	50 Feet From The South Line	and 1795 Feet From 2	The West				
	Unit Letter		7 000 1 10m 1 no 2.m.						
	Line of Section 2	Tow	vnship 24N Range	4W , NMPM, Rio A	rriba County				
		<b>DO D</b> 2	PER OF OIL AND MATURAL CAL	5					
III.	Name of Authorized Transporter		rer of oil and natural gas	Address (Give address to which appro-	ved copy of this form is to be sent)				
	None				-				
	Name of Authorized Transporter			Address (Give address to which appro-					
	El Paso Natural	Gas		PO Box 990, Farming Is gas actually connected?					
	If well produces oil or liquids, give location of tanks.		Unit Sec. Twp. Rge.	No	Unknown				
	L	ad wit	th that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA				Plug Back   Same Res'v. Diff. Res'v.				
	Designate Type of Com	oletio	on - (X)   Gas Well X	New Well Workover Deepen	Pring Buck Saina Nes V. Dim Nes V.				
	Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	5-5-77		6-15-77	3200•	3155•				
	Elevations (DF, RKB, RT, GR,	tc.j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	6878 <b>°</b> KB		Pictured Cliffs	3032	3059 Depth Casing Shoe				
	3032* - 3098* 3197								
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	124		8-5/8"	140	150				
	7-7/8		<u> </u>	3197	160				
		<del></del> -	14"	3059					
v	TEST DATA AND DECLIEST FOR ALLOWARLE. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-								
•	able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)								
	Date First New Oil Run To Tan	k S	Date of lest	Floring Method (2 100) pumps 820					
	Length of Test		Tubing Pressure	Casing Pressure	Chok Size				
	Actual Prod. During Test		Oil-Bbls.	Water-Bbis.	Gds MCF				
	GAS WELL	CACHEST CONTRACTOR OF THE CACHEST CONTRACTOR							
	Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
3/	4"-705, CAOF-774		3 hrs						
	Testing Method (pitot, back pr. Back Pressure	)	Tubing Pressure (shut-in) 920 psig	Casing Pressure (Shut-in) 955 psig	Choke Size				
				<del>                                     </del>	ATION COMMISSION				
VI	. CERTIFICATE OF COMP	LIAN	ICE						
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED SEC	, 19					
Commission have been complied with and that the information				Original Signed by A. R. Kendrick					
above is true and complete to the best of my knowledge and belief.  For: Cotton Petroleum Corporation				SWEET LOOK	Original Signed by A. R. Kendrick				
				TITLE					
					compliance with RULE 1104.				
(Signature)  Ewell N. Walsh, P.E., President  (Title)  Walsh Engineering & Production Corp.			nature)	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					
			., President	All sections of this form must be filled out completely for allowable on new and recompleted wells.  Fitt out only Sections I. II. and VI for changes of owner.					
	(Date) September 1, 1977			well name or number, or transpo	orten or other such change of condition. at be filed for each pool in multiply				
	Septe	mpe	r 1, 1977	completed wells.					