

REGISTRATION	✓	
STATE	/	
FILE	/	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL /	
	GAS /	
OPERATOR	/	
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Cotton Petroleum Corporation	
Address 717 17th Street, Suite 2200, Denver, Colorado 80202	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Re-completion ☐	
Change in Ownership ☐	

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE				
Lease Name Apache	Well No. 108	Pool Name, including Formation Lindrith Gallup-Dakota West	Kind of Lease State, Federal or Jicarilla Apache	Lease No. 127
Location Unit Letter H : 2100 Feet From The North Line and 660 Feet From The East Line of Section 10 Township 24N Range 4W , NMPM, Rio Arriba County				

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Basin Inc.	Address (Give address to which approved copy of this form is to be sent) 511 West Ohio St., Midland, Texas 78701					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Jaramingo N. Mex 87401					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 10	Twp. 24N	Reg. 4W	Is gas actually connected? ☐	When 8/20/81

If this production is commingled with that from any other lease or pool, give commingling order number:

2. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Some Resrv. ☐ Diff. Resrv. ☐		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

3. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Volume Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

4. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
D.E. Wood / JCB (Signature) Division Production Manager (Title) January 4, 1980 (Date)	

OIL CONSERVATION COMMISSION	
JAN 4 1980	
APPROVED	19
BY	Original Signed by CHARLES GHOLSON
TITLE	DEPUTY OIL & GAS INSPECTOR, DIST. #2
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.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of name, 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.	