

STATE	1
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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

Form C-104  
Supersedes Old C-104 and C-  
Effective 1-1-65

Cotton Petroleum Corporation

Address

717 17th St., Suite 2200, Denver, Colorado 80202

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Dry Gas

Condensate Gas

Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Apache	Well No. 113	Pool Name, including Formation Lindrith Gallup-Dakota West	Type of Lease State, Federal or Fee Apache	Lease No. 126
Location Unit Letter, J : 2010 Feet From The South Line and 2070 Feet From The East				
Line of Section 1 Township 24N Range 4W, N.M.P.M., Rio Arriba County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 Condensate Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> [Signature]	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Fee. Is gas actually connected? When give location of tanks. J 1 24N 4W	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Flow Well	Workover	Deepen	Plus Back	Some Rest. Diff. Rest.
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

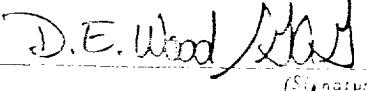
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/RMCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

  
(Signature)

Division Production Manager

(Title)

November 5, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY \_\_\_\_\_ Original Signatures \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TITLE \_\_\_\_\_

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 owner, well name or number, or transporter or other such change of condition.

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