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	DISTRIBUTION			i1
	SANTA FE			
	PILE		17	7
	U.S.G.S.			
1	LAND OFFICE			
[TRANSPORTER	OIL		
I		GAS		
ĺ	OPERATOR		V_{-}	
ľ	PROBATION OFFICE			

(l)ute)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-

	PILE	-	VHD	Lifective 1-1-65				
	U.S.G.S.	_ AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (GAS A K				
•	LAND OFFICE			(<u>L</u>). (\\)				
	TRAISPORTER GAS							
	PROBATION OFFICE		API 30-039-21894					
I.	Operator OFFICE							
	Cotton Petro	leum Corporation						
	Address							
	717 17th Street, Suite 2200, Denver, Colorado 80202							
	Reoson(s) for filing (Check proper box) Other (Please explain)							
	New Well X Change in Transporter of:							
	Recompletion.	OII Dry Go	os U					
	Change in Ownership	Casinghead Gas Conde	nsate					
	If change of ownership give name							
	and address of previous owner							
11.	DESCRIPTION OF WELL AND	Vell No. Pool Name, Including F	ormation Kind of Leas	e ,				
		·	State Federa	Jicarilla				
	Apache Location	118 Lindrith Galli	up Dakota West Islaid, Pedero	Apache 1_126				
		oo South	1000	m Hand				
	Unit Letter K ; 9	80 Feet From The South Lir	ne and 1980 Feet rom	ine West				
	Line of Section 12 To	wnship 24 N Range 2	4 W , NMPM, Rio Arr	iha County				
	Zine of Beeting Z		T.N. U.A.I.	100				
II.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS					
	Name of Authorized Transporter of Offi	or Condensate	Address (Give address to which approved copy of this form is to be sent)					
	Basin Inc.		511 West Ohio St., Midland, Texas 79701					
	Name of Authorized Transporter of Ca	singhead Gas X or Dry Gas	511 West Ohio St. Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)					
	El Paso Natural Ga	as Co	P. O. Box 990 Farmington, New Mexico 87401					
	If well produces oil or liquids,	Unit Sec. Twp. Bge.	is gas actually connected?					
	give location of tanks.	K 12 24N 4W	Yes	<u> </u>				
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:					
V.	COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completic		(X)	1				
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Date Spudded 3-27-79	4-15-79	7522'	7480'				
	S-21-19 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	6797' GR	Gallup Dakota	6288'	6212'				
	Perforations	_ darrup bakota	1 0200	Depth Casing Shoe				
	·			7522'				
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
İ	12-1/4"	8-5/8"	391 '	275 sx to surf				
	7-7/8"	4-1/2"	7522' stage 1					
			stage 2					
				@ 4084'				
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-				
	OIL WELL		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Oil Run To Tanks Date of Test		Flowing					
	5-8-79	5-19-79 Tubing Pressure	Casing Pressure	Choke Size				
	Length of Test	660	0	24/64				
}	24 hrs Actual Prod. During Test	O11-Bbis.	Water - Bbls.	Ga MCP				
ļ	Actual Fied. Daimy 1991	160	120 Load	434				
ļ		100	1 120 2044					
	GAS WELL							
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensale				
				The state of the s				
1	Testing Method (pitot, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (Shut-in)	Thoke Size				
/1	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION				
••	CERTIFICATE OF COMPENSION	0-2						
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED 19 19 19 Original Signed by A. A. Kendrick					
	Commission have been complied t	with and that the information given	BY					
	above is true and complete to the	e best of my knowledge and belief.						
			TITLE					
	(d		This form is to be filed in	This form is to be filed in compliance with RULE 1104.				
	(Sign	11000/	If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
-	(Signo	ature)						
	Division Producti		tests taken on the well in accor	at be filled out completely for allow-				
-	DIVISION FIDURES		able on new and recompleted we	All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	May 31, 1979		Fill out only Sections ! I'l	III. and VI for changes of owner,				
•		ute)	well name or number, or transporter, or other such change of conditions					

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