

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Cotton Petroleum Corporation

Address

717 17th Street, Suite 2200, Denver, Colorado 80202

Facilities for filing (Check proper box)

New Well

Change In Transporter of:

Recompletion

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Type of Lease	Jicarilla	Lease No.
Apache	121	Lindrith Gallup-Dakota West	State, Federal or F.C.C.	Apache	129
Location					
Well Letter	A	Feet From The North Line and	980	Feet From The East	
Line of Section	13	Township	24N	Range	4W
					MPM.
				Rio Arriba	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

New or Existing Transporter of Oil <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
		511 West Ohio Street, Midland, Texas 78701
Basin Inc.		Address (Give address to which approved copy of this form is to be sent)
None of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/>		
or Dry Gas <input type="checkbox"/>		
Job #		
If well produces oil & liquids, give location of tanks.		Turn Sec. Twp. Fge. Is gas actually connected? When
A 13 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	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth				P.E.T.D.	
Elevations (D.P., R.R., F.T., G.R., etc.)	None 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

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL	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-Sgas.	Water-Pdis.	Gas-MCF

GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Total-MCF/D	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size
Testing treated (pump, back pr.)			

VI. 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
(Signature)

Division Production Manager

(Title)

November 5, 1979
(Date)

OIL CONSERVATION COMMISSION

Nov 5 1979
APPROVED *Frank J. Chavez*, 19

BY

DIRECTOR, DIST. #8
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 existing well name or number, or transporter, or other such change of condition.

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