

DATE	FILE	U.S.G.S.	LAND OFFICE	TRANSPORTER	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 1-1-65

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:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Apache	Well No. 121	Pool Name, including Formation Lindrith Gallup-Dakota West	Kind of Lease State, Federal or Free Jicarilla Apache	Lease No. 129
----------------------	-----------------	---	---	------------------

Location
Unit Letter A : 480 Feet From The North Line and 980 Feet From The East
Line of Section 13 Township 24N Range 4W N.M.P.M. Rio Arriba County

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 Street, Midland, Texas 78701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ E/Pass Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington N. Mex 87401

If well produces oil or liquids, give location of tanks.
Unit A Sec. 13 Twp. 24N Range 4W

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Drill Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.E.T.D.		
Elevations (DF, HAE, RT, CR, 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 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 - Bbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravel Pack
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

D.E. Wood
Division Production Manager
January 4, 1980

OIL CONSERVATION COMMISSION

APPROVED JAN 4 1980

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

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