

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
Cotton Petroleum Corporation
Address
717 17th St., Suite 2200, Denver, Colorado 80202

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change In Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Controlled Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Apache	Well No. 113	Pool Name, including Formation Lindrith Gallup-Dakota West	Kind of Lease Jicarilla	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 , NMPM, Rio Arriba County		

III. 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 Controlled Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso 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 J	Sec. 1	Twp. Rge. 24N 4W

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

IV. COMPLETION DATA

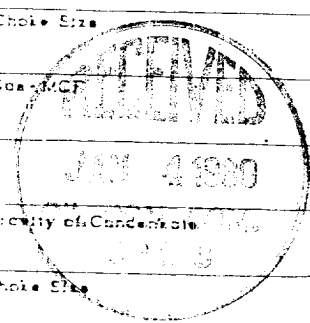
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest. / D.M. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.E.T.D.		
Elevations (D.F., F.A.B., F.T., G.R., etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

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

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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
(Signature)

Division Production Manager

January 4, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 4 1980**, 19

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