	_			
NO. OF COPIES RECEIVED		iS	3	
DISTRIBUTION				
SANTA FE		1		
FILE				
U.\$.G. \$.				
LAND OFFICE				
TRANSPORTER	OIL	<u> </u>	<u> </u>	
	GAS	1		
OPERATOR		2	<u> </u>	
PRORATION OFFICE		1	l	

1

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS		
	LAND OFFICE					
	TRANSPORTER GAS /					
	OPERATOR 2					
	PRORATION OFFICE					
••	Operator					
	Cotton Petro	leum Corporation				
	Address	Street Suite 0700	D 0-33- 0-	0000		
	1660 Lincoln Street, Suite 2502, Denver, Colorado 80203 Rescots for filing (Check proper box) Other (Please explain)					
	Reason(s) for filing (Check proper	Change in Transporter of:	Office (1 tease explain)			
	Recompletion	Oil Dry Ga	. [7]			
	Change in Ownership	Casinghead Gas Conden	一 有 1			
			1660 Lincol	n Street, Suite 2502,		
	If change of ownership give name and address of previous owner	e Manning Gas & Oil C	ompany, Denver, Col	orado 80203		
	and address of previous owner					
II.	DESCRIPTION OF WELL A	ND LEASE	1800			
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Leas	Jicarilla Contr.		
	Apache	10 So. Blanc	O F.O.	Apache 126		
	Location K	1850 South	1705	The West		
	Unit Letter;	1850 Feet From The South Lin	e and <u>177</u> Feet From	The Web C		
	Line of Section 12	Township 24N Range	4W , NMPM, Ri	o Arriba county		
	Line of Section					
m.	DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	us			
	Name of Authorized Transporter o	f Oll or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)		
	Name of Authorized Transporter o		Address (Give address to which appro	1		
	El Paso Natural C			ington, N.M. 87401		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Yes	5-15-72		
	give location of tanks.	iii	1	3 13 72		
==7		d with that from any other lease or pool,	give commingling order number:			
14.	COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Comp	letion - (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, es	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations •					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			 	+		
V	V. 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)					
	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		
				Gas-NCF ATTO		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	GGS-NCF ACC		
			1	1 1011		
	CAC WITH F					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI	. CERTIFICATE OF COMPI	IANCE	OIL CONSERV	ATION COMMISSION		
i i		APPROVED, 19				
I have by contity that the filler and lengthfulls of the out content account			· 11			
			By Original Signed b	y A. R. Kendrick		
		or. Cotton Petroleum Corn				
• 4			· · · · - · · · · - ·			
Carly William His			This form is to be filed in	This form is to be filed in compliance with RULE 1104.		
			Il	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		
Fwoll M Walch DE President tests taken on the well				ordance with RULE 111.		
			- II All sections of this form w	nust be filled out completely for allow-		

Walsh Engr. & Prod. Corp. (Date) August 9, 1977

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.