

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-1104 Supersedes Old C-104 and C- Effective 1-1-65	
SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRODUCTION OFFICE			
Operator Cotton Petroleum Corporation			
Address 717 17th St., Suite 2200, Denver, Colo. 80202			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Costinghead Gas	☐
		Dry Gas	☐
		Condensate	☐
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND LEASE			
Lease Name Apache	Well No. 117	Pool Name, including Formation Lindrith Gallup-Dakota West	Kind of Lease Jicarilla State, Federal or Fee Apache
Location Unit Letter A Feet From The 660 North Line and 160 Feet From The East			Lease No. 126
Line of Section 12 Township 24N Range 4W NMPM 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 St., Midland Texas 78701	
Name of Authorized Transporter of Costinghead Gas ☒ or Dry Gas ☐ Cotton Petroleum Corp.		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 12	Twp. 24N Rge. 4W
Is gas actually connected? When			
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
			Some Res'v.
			Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, R.H.B., RT, GR, 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 - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19	
D.E. Wood (Signature)		BY _____	
Division Production Manager (Title)		TITLE _____	
November 5, 1979 (Date)		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.	