

DISTRIBUTION			
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E			
G.S.			
D OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION 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-11
Effective 1-1-65

I.

Operator COTTON PETROLEUM CORPORATION	
Address 420 Wall Towers West, Midland, Texas, 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name JULIA CULP	Well No. 1	Pool Name, including Formation Townsend/ Chambers (Lower Wolfcamp)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>H</u> ; <u>1650'</u> Feet From The <u>North</u> Line and <u>330'</u> Feet From The <u>East</u>					
Line of Section <u>34</u> Township <u>15-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> 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) P. O. Box 2297, Midland, Texas, 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 H	Sec. 34
	Twp. 15S	Rge. 35E
	Is gas actually connected? No	
	When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3/15/75	Date Compl. Ready to Prod. 5/7/75	Total Depth 10,675'		P.B.T.D. 10,655'					
Elevations (DF, RKB, RT, GR, etc.) 3959 GR	Name of Producing Formation Lower Wolfcamp		Top Oil/Gas Pay 10,568'		Tubing Depth 10,606'				
Perforations 10,568-10,574' & 10,577-10,583'		Depth Casing Shoe 10,674'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17"	13 3/8"		411'		450 SX.				
11"	8 5/8"		4217'		60 SX.				
7 7/8"	5 1/2"		10674'		450 SX.				

V. 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)

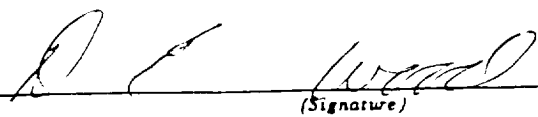
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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.


(Signature)
Division Production Manager
(Title)
September 15, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 16 1977, 19
BY Orig. Signed
Jerry Sartin
TITLE Dist. L. Supr.

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.