

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-1
Effective 1-1-65

DISTRIBUTION			
SALE			
FE			
G.S.			
OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator
Cotton Petroleum Corporation
Address
816 Building of the Southwest, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Casinghead Gas MUST NOT BE
FLARED AFTER 9/1/75
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESTINATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. R-5102

II. DESCRIPTION OF WELL AND LEASE

Lease Name Julia Culp	Well No. 1	Pool Name, Including Formation Townsend (Wolfcamp)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter H ; 1650' Feet From The North Line and 330' Feet From The East Line of Section 34 Township 15-S Range 35-E, NMPM, Lea 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"/> Tesoro	Address (Give address to which approved copy of this form is to be sent) 923 Midland Tower Bldg., Midland, Texas					
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 Wolfcamp	Top Oil/Gas Pay 10,322'		Tubing Depth 10,606'				
Perforations 10,568-10,574' & 10,577-10,583' & 10,322-10,333'				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)

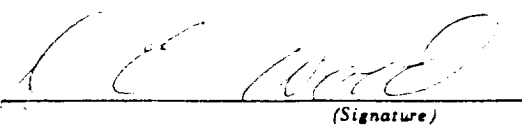
Date First New Oil Run To Tanks 5-21-75	Date of Test 7-1-75	Flowing Method (Flow, pump, gas lift, etc.) Pumping with rod pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 64	Water-Bbls. 5	Gas-MCF 59

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Est. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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)
May 16, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

Orig. Signed by

Les Clement

TITLE

Oil Well Insp.

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.