

**REQUEST FOR ALLOWABLE  
AND**

**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

DATE	
FILE	
G.S.	
FIELD OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**I. OPERATOR**

Operator Cotton Petroleum Corporation

Address 816 Building of the Southwest, Midland, Texas 79701

Reason(s) for filing (Check proper box) Testing allowable of 1,000 bbl.

New Well ☒ Change In Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐

Change In Ownership ☐

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Julia Culp</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Townsend</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. _____
Location <u>(Lower Wolfcamp)</u>				
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"/> <u>Summit Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>2510 W. Front, Midland, Texas 79701</u>
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 <u>H</u> Sec. <u>34</u> Twp. <u>15S</u> Rge. <u>35E</u> Is gas actually connected? <u>No</u> 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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded <u>3/15/75</u>	Date Compl. Ready to Prod. <u>5/7/75</u>		Total Depth <u>10,675'</u>		P.B.T.D. <u>10,655'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3959 GR</u>	Name of Producing Formation <u>Lower Wolfcamp</u>		Top Oil/Gas Pay <u>10,568'</u>		Tubing Depth <u>10,606'</u>			
Perforations <u>10,568-10,574' &amp; 10,577-10,583'</u>					Depth Casing Shoe <u>10,674'</u>			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17"</u>	<u>13 3/8"</u>		<u>411'</u>		<u>450 sx.</u>			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>4217'</u>		<u>60 sx.</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>10674'</u>		<u>450 sx.</u>			

**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 (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]  
(Signature)  
Division Production Manager  
(Title)  
May 16, 1975  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
Orig. Signed by  
Joe D. Ramey  
Dist. I. Supv.

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.