

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
Effective 1-1-85

STATE	
FEDERAL	
G.S.	
D OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
COTTON PETROLEUM CORPORATION

Address
420 Wall Towers West, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	UNLESS AN EXCEPTION TO RULE 111 IS OBTAINED
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Scharbauer State	1	Spencer (San Andres)	State, Federal or Fee State	NM-5411-07
Location				
Unit Letter	P	660 Feet From The South Line and 330' Feet From The East		
Line of Section	23	Township 17-S	Range 36-E	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.	P. O. Box 2587, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	424 HS&L, Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	23	17S	36E	NO	Uneconomical

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

NA

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X				X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1/13/81		5140'						
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3814' GR	San Andres							
Perforations			Depth Casing Shoe					
5086-96; 4975-79; 4986-96; 5016-30; 4952-60								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8-5/8"	366'	180 SX					
7-7/8"	5-1/2"	5140'	1270 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.)	
4-18-81	5-20-81	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	NA	NA	NA
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
10 BO	10	16	4 MCF

GAS WELL

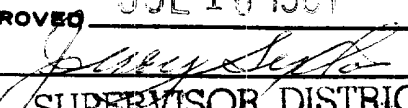
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.


/J. R. Jones
(Signature)
Division Production Manager
(Title)
July 13, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 16 1981
BY 
TITLE SUPERVISOR DISTRICT I

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.



PH. (505) 393-5516



500 WEST TAYLOR

Baber Well Servicing Co.

P. O. Box 1772
HOBBS, NEW MEXICO 88240
April 28, 1981

DEVIATION STATEMENT

Operator: Baber Well Servicing Company
Well Name: Scharbauer State #1

<u>Date</u>	<u>Depth</u>	<u>Deviation</u>
1-15-81	359'	1 degree
1-17-81	1056'	3/4 degree
1-18-81	2863'	3/4 degree
1-21-81	3105'	1 degree
1-24-81	3605'	1 degree
1-27-81	4064'	1 1/2 degree
1-30-81	4344'	1 degree
2-03-81	4813'	1 3/4 degree
2-06-81	5090'	1 3/4 degree

STATE OF NEW MEXICO)
County of Lea) ss

The foregoing instrument was acknowledged before me this 28 day of April 1981, by [Signature]

[Signature]
Notary Public

My commission expires July 31, 1983