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LAND 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-110
Effective 1-1-65

Operator Cotton Oil Company	
Address P. O. Box 243, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner
Elkwater Oil Company, Box 240, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE				
Lease Name East Arrow	Unit 46	Well No. Parent Queen	Kind of Lease State, Federal or Fee	Lease No. E7667
Location				
Unit Letter O	1980	Feet From The East	Line and 660	Feet From The South
Line of Section 16	Township 19S	Range 37E	N.M.P.M. Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent.)		
Texas New Mexico Pipeline Co.		Box 1510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent.)		
Phillips Petroleum Co.		Phillips Plig., Clovis, Texas		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 16	Twp. 19	Rge. 37
				Is gas actually connected? <input checked="" type="checkbox"/> When

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

V. COMPLETION DATA	
Designate Type of Completion - (X)	
Oil Well	Gas Well
New Well	Workover
Deepen	Plug Back
Same Res.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.
Total Depth	
F.B.T.D.	
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation
Top Oil/Gas Pay	
Taking Depth	
Perforations	
Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	

VI. 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

VII. 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.	
C. S. Wade (Signature)	
District Supervisor (Title)	
(Date)	
OIL CONSERVATION COMMISSION	
APPROVED _____, 19	
BY _____	
TITLE _____ SUPERVISOR DISTRICT	
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.	