

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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

I. Operator
Cotton Oil Company
Address
P. O. Box 289, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box):
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Crudehead Gas ☐ Condensate ☐
Other (Please explain):
If change of ownership give name and address of previous owner: Midwestern Oil Company, P. O. Box 289, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE
Lease Name E. F. King Well No. 2 Pool Name, including Formation Langlie Mattix 7 Rivers Queen Kind of Lease Fee Lease to Fee
Location
Unit Letter L 1980 Feet From The South Line and 660 Feet From The West
Line of Section 1 Township 23S Range 36E N.M.P.M. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Texas West Mexican Pipeline Co. Box 1500, Dallas, Texas
Name of Authorized Transporter of Crudehead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Company Box 1135, Tunica, New Mexico
If well produces oil or natural gas, give location of tanks: 1 23 36 Yes
EXPIRATION DATE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED
WITH SKELLY OIL COMPANY.

IV. COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Day _____ Casing Depth _____
Perforations _____ Depth Casing Shoe _____
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT _____

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/W _____ 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.
P. J. Hilde
(Signature)
P. J. Hilde
(Title)
1-1-77
(Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY P. J. Hilde
TITLE Operator
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.