

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

|                        |     |  |
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| SANTA FE               |     |  |
| FILE                   |     |  |
| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRORATION OFFICE       |     |  |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator APACHE CORPORATION

Address 1700 LINCOLN, #4900, DENVER, COLORADO 80203-4549

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner Cotton Petroleum Corporation, 3773 Cherry Creek Drive No., #750, Denver Colorado 80209

II. DESCRIPTION OF WELL AND LEASE

Lease Name APACHE Well No. 18 Pool Name, including Formation ~~LINDRITH GALLUP~~ DAKOTA W. Kind of Lease State, Federal or Fee FEDERAL Lease No. 126

Location

Unit Letter K 1850' Feet From The South Line and 1795' Feet From The West

Line of Section 2 Township 24N Range 4W, NMPM, RIO ARRIBA 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)

Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)

EL PASO NATURAL GAS P.O. BOX 1492 - EL PASO, TX 79978

If well produces oil or liquids, give location of tanks. Unit 24N Sec. 4W Is gas actually connected? YES When

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

IV. COMPLETION DATA

| Designate Type of Completion - (X)   | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v. | Diff. Res |
|--------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|-----------|
|                                      |                             |          |                 |          |        |                   |             |           |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |             |           |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing 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/MCF      | Gravity of Condensate |
| Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

David M. [Signature]  
(Signature)  
Operator  
(Title)  
10/13/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 20 1986  
BY [Signature]  
TITLE SUPERVISOR DISTRICT 3

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 deviatric 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 multiple completed wells.