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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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  
Effective 1-1-65

B.K.

I.

Operator Cotton Petroleum Corporation	
Address 717-17th Street, Suite 2200, Denver, Colorado 80202	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name APACHE	Well No. 124	Pool Name, including Formation Lindrith Gallup Dakota W	Kind of Lease Jicarilla State, Federal or Fee Indian	Lease No. 127
Location				
Unit Letter <u>I</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>1940</u> Feet From The <u>South</u>				
Line of Section <u>4</u> Township <u>24N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</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"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) 511 West Ohio Street, Midland, Texas 78701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 4	Twp. 24N	Rge. 4W	Is gas actually connected? Yes	When 6-1-80

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 <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 Res'v. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded 5-1-80	Date Compl. Ready to Prod. 6-1-80	Total Depth 7478'		P.B.T.D. 7444'					
Elevations (DF, RKB, RT, GR, etc.) 6753' GR	Name of Producing Formation Gallup Dakota	Top Oil/Gas Pay 6223'		Tubing Depth 6224'					
Perforations 6223-25, 6267-80 1 JSPF, 6187-89, 97, 6310, 24, 37, 39, 68, 72, 76, 7119-29 1 JSPF, 7143-52, 1 JSPF, 7156-60 1 JSPF, 7264-70 2 JSPF, 7308-12 2 JSPF		Depth Casing Shoe ---7478'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		371'		250 sxs to surface				
7 7/8"	4 1/2"		7478' Stage 1		600 sxs DV @ 4030'				
			Stage 2		700 sxs				

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 oil  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-3-80	Date of Test 6-12-80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 6 hrs	Tubing Pressure 60	Casing Pressure 0	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 20	Water-Bbls. 20 BLW	Gas-MCF 45 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

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.

Division Production Manager

6-13-80

(Title)

(Date)

OIL CONSERVATION COMMISSION

JUN 16 1980

APPROVED \_\_\_\_\_, 19

BY Original Signed by FRANK T. CHAVEZ

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 device  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all  
wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of  
well name or number, or transporter, or other such change of condition.