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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-  
Effective 1-1-65

B.I.C.

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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. 126	Pool Name, including Formation Lindrith Gallup Dakota West	Kind of Lease Jicarilla State, Federal or Fee Indian	Lease No. 127
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Location  
Unit Letter P ; 480 Feet From The East Line and 970 Feet From The South

Line of Section 10 Township 24N Range 4W , NMPM, Rio Arriba 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 <u>P</u> Sec. <u>10</u> Twp. <u>24N</u> Rge. <u>4W</u>
	Is gas actually connected? <u>Yes</u> When <u>8-26-80</u>

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Drill. Re
Date Spudded 7-2-80	Date Compl. Ready to Prod. 8-15-80	Total Depth 7462'	P.B.T.D. 7425'					
Elevations (DF, RKB, RT, GR, etc.) 6809'	Name of Producing Formation Dakota	Top Oil/Gas Pay 7107'	Tubing Depth 7100'					
Perforations 7107, 9, 10, 11, 12, 13, 16, 17, 18, 7169, 71, 7308, 9, 10, 11			Depth Casing Shoe 7462'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	350'	300 sxs to surface
7 7/8"	4 1/2"	7462'	600 sxs DV @ 4051' K
		Stage 1	700 sxs
		Stage 2	

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 8-17-80	Date of Test 8-24-80	Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hrs	Tubing Pressure 300	Casing Pressure 460
Actual Prod. During Test	Oil - Bbls. 23	Water - Bbls. 4
		Choke Size 25/64"

Gas - MCF 281980  
2591 COM. COM.  
DIST 3

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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]  
(Signature)  
Division Production Manager  
(Title)  
8-26-80  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 30 1980, 19  
Original Signed by FRANK T. CHAVEZ  
BY SUPERVISOR DISTRICT # 3  
TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev. tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on now 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 conditions.