

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

Operator <u>Cotton Petroleum Corporation</u>	
Address <u>2200 Energy Center One, 717 17th St. Denver, Colo. 80202</u>	
Reason(s) for filing (Check proper box)	
New Well <input 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) <u>temp. filing for clean up during completion operations</u>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Apache</u>	Well No. <u>116</u>	Pool Name, including Formation <u>Lindrith Gallup Dakota West</u>	Kind of Lease <u>Leasehold</u> State, Federal or Fee <u>INDIAN</u>	Lease No. <u>CONTRACT 126</u>
Location				
Unit Letter <u>C</u> : <u>660</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>west</u>				
Line of Section <u>12</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 type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1702 Farmington N.M. 87401</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>EL Paso NAT. GAS Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990 Farmington N.M. 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>12</u>
	Twp. <u>24N</u>	Rge. <u>4W</u>
	Is gas actually connected? <u>Yes</u> When <u>3/19/79</u>	

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'v. <input type="checkbox"/>
Date Spudded <u>1-13-1979</u>	Date Compl. Ready to Prod. <u>3-26-1979</u>		Total Depth <u>7646</u>		P.B.T.D. <u>7608</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6890 DR. 6903 KB</u>	Name of Producing Formation <u>DAKOTA - Gallup</u>		Top Oil/Gas Pay <u>6426</u>		Tubing Depth <u>6340</u>			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4</u>	CASING & TUBING SIZE <u>8 5/8</u>		DEPTH SET <u>384 R.B.</u>		SACKS CEMENT <u>275</u>			
<u>7 7/8</u>	<u>4 1/2</u>		<u>7646</u>		<u>1300</u>			
	<u>2 3/8</u>		<u>6340</u>					

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 WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piros, 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.

D.E. Wood (by H. Davis)
(Signature)
Area Manager
(Title)
3/23/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 23 1979, 19_____
Original Signed by A. R. Kendrick
BY _____
TITLE SUPERVISOR DIST. #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 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 multiple