



BRUCE KING  
GOVERNOR

LARRY KEHOE  
SECRETARY

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT  
OIL CONSERVATION DIVISION  
AZTEC DISTRICT OFFICE

1000 RIO BRAZOS ROAD  
AZTEC, NEW MEXICO 87410  
(505) 334-6179

May 14, 1979

Cotton Petroleum Corporation  
717 Seventeenth Street, Suite 2200  
Denver, Colorado 80202

Re: Cotton Petroleum Corporation  
Apache #121  
A-13-24N-4W

Gentlemen:

The attached temporary C-104 approved this date will expire **JUN 15 1979**

Rules 1104 and 1105 must be complied with prior to that date  
to avoid shut in at that time.

If there are questions, please contact this office.

Yours very truly,

A. R. Kendrick  
District Supervisor

Attachment

xc with Attachment: Oil Conservation Division, Santa Fe  
Liquid Transporter: Permian Corporation  
Gas Transporter: El Paso Natural Gas Company

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

Temporary C-104 to allow testing of well  
Down pipeline to minimize waste

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	CAS
OPERATOR	
PRORATION OFFICE	

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. 121	Pool Name, Including Formation Lindrith-Gallup Dakota West	Kind of Lease Jicarilla State, Federal or Fee Apache	Lease No. 129
Location				
Unit Letter <u>A</u> : <u>480</u> Feet From The <u>North</u> Line and <u>980</u> Feet From The <u>East</u>				
Line of Section <u>13</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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702 Farmington, New Mexico 87401	
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 Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 13
	Twp. 24N	Pge. 4W
	Is gas actually connected? NO	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 (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded April 16, 1979	Date Compl. Ready to Prod.		Total Depth 7555'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6853 GR	Name of Producing Formation Ga-lup-Dakota		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe 7555			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8		395		275 sxs to surface			
7-7/8"	4-1/2		7555		stage 1 600 sxs			
					stage 2 700 sxs			
					DV tool @ 4098			

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)

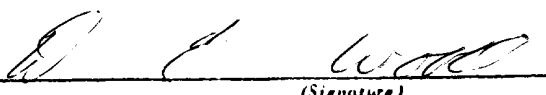
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	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.

  
(Signature)  
Division Production Manager  
(Title)  
May 9, 1979  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 14 1979, 19  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DISTRICT # 2

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.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. Contract No. 129
2. NAME OF OPERATOR Cotton Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR 717 17th Street, Suite 2200, Denver, Colorado 80202	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 480' FNL, 980' FEL	8. FARM OR LEASE NAME Apache
	9. WELL NO. #121
	10. FIELD AND POOL, OR WILDCAT Lindrith Gallup Dakota West
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T 24N, R 4W N.M.P.M.
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6853' GR	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

4-16-79	Spud well.
4-17-79	395' TD. Ran 9 jts 8-5/8" 24# K-55 casing. Set at 395' with 275 sacks Class B 2% CaCl. Cement circulated.
5-3-79	7555' TD. Ran 194 jts 4-1/2" K-55 casing. Set at 7555 KB. Cemented as follows:  Stage One: 600 sacks 50-50 poz, 2% gel, 6# salt, 6-1/4# gilsonite.  Stage Two: 100 sacks 65-35 poz, 12% gel, 12-1/2# gilsonite. 600 sacks 50-50 poz, 2% gel.

18. I hereby certify that the foregoing is true and correct

SIGNED

*DE Wood*

TITLE Division Production Mgr

DATE 5-11-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

*State*