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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

API 30-039-21898

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. 128	Pool Name, Including Formation Lindrith Gallup Dakota W	Kind of Lease State, Federal or Fee	Jicarilla Apache	Lease No. 129
Location					
Unit Letter <u>H</u> : <u>1720</u> Feet From The <u>North</u> Line and <u>710</u> Feet From The <u>East</u>					
Line of Section <u>14</u> Township <u>24N</u> Range <u>4W</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)
Basin Incorporated	511 W. Ohio Street, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P. O. Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
H 14 24N 4W	Yes 4-27-79

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 (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded 3-10-79	Date Compl. Ready to Prod. 4-27-79	Total Depth 7520'	P.B.T.D. 7475'					
Elevations (DF, RKB, RT, GR, etc.) 6836' GR	Name of Producing Formation Gallup Dakota	Top Oil/Gas Pay 6260	Tubing Depth 6270'					
Perforations 6260-66, 6269-80, 6289-94.7178-86,7189-98. 7246-50.7345-47.7685-98.			Depth Casing Shoe 7520'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	348'		275 sx to surf				
7-7/8"	4-1/2"	7520'		stage 1		600 sx		
				stage 2		700 sx		
				DV tool @ 4040'				

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)

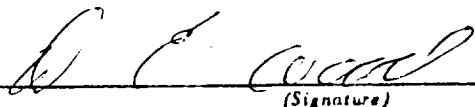
Date First New Oil Run To Tanks 4-27-79	Date of Test 5-9-79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 17 hrs.	Tubing Pressure 130	Casing Pressure 0	Choke Size 20/64
Actual Prod. During Test	Oil-Bbls. 53	Water-Bbls. 90 Load	Gas-MCF 76

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

I. 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 24, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
Original Signed by A. R. Kendrick
BY _____
TITLE _____

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.