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 FILE
 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

API 30-029-22017

I. Operator
 Cotton Petroleum Corporation
 Address
 717 17th Street, Denver, Colorado 80202 (Suite 2200)
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change In Ownership Castinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Apache	Well No. 114	Pool Name, including Formation Lindrith Gallup-Dakota West	Kind of Lease State, Federal or Fee Jicarilla Apache	Lease No. 129
Location Unit Letter <u>I</u> : <u>990</u> Feet From The <u>East</u> Line and <u>1780</u> Feet From The <u>South</u> Line of Section <u>24</u> Township <u>24North</u> Range <u>4 West</u> , NMEM, Rio Arriba County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Basin Incorporated	Address (Give address to which approved copy of this form is to be sent) 511 West Ohio Street, Midland, Texas 79701	
Name of Authorized Transporter of Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	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 <u>I</u> Sec. <u>24</u> Twp. <u>24N</u> Rge. <u>4W</u>	Is gas actually connected? Yes	When 8-6-79

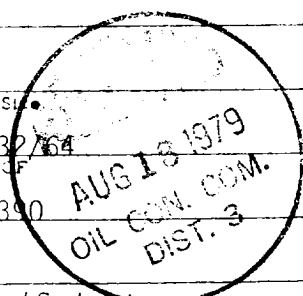
If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X) (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'v.
Date Spudded 5-14-79	Date Compl. Ready to Prod. 8-6-79		Total Depth 7495'		P.B.T.D. 7452'			
Elevations (DF, RAB, RT, GR, etc.) 6920' GR	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay 6196'		Tubing Depth 6133'			
Perforations Dakota 7160'-7381'		Gallup 6196'-6288'		Depth Casing Shoe 7495'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		393'		275 to surface			
7-7/8"	4-1/2"		7495'		stage 1		600 sacks	
					stage 2		710 sacks	
					DV tool @ 4033'			

VI. 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 Ran To Tanks 8-6-79	Date of Test 8-7-79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 14 hours	Tubing Pressure 230	Casing Pressure	Choke Size 3 1/2" 64
Actual Prod. During Test	Oil-Bbls. 61	Water-Bbls. 200 load	Gas-MCF 300



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitch, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VII. 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.

DE Wood
 (Signature)

Division Production Manager
 (Title)

August 9, 1979
 (Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 13 1979, 19____
 BY Original Signed by A. R. Kendrick
 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 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.