

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
APACHE CORPORATION	
Address 1700 LINCOLN, #4900, DENVER, COLORADO 80203-4549	
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 checked="" 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 Cotton Petroleum Corporation, 3773 Cherry Creek Drive No., #750, Denver Colorado 80209	

II. DESCRIPTION OF WELL AND LEASE				
Lease Name APACHE	Well No. 129	Pool Name, including Formation LINDRITH GALLUP-DAKOTA W.	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 129
Location Unit Letter P ; 660' Feet From The South Line and 660' Feet From The East Line of Section 14 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"/>		Address (Give address to which approved copy of this form is to be sent)		
GIANT REFINING COMPANY		P.O. BOX 256 - FARMINGTON, NM 87499		
Name of Authorized Transporter of Casinghead Gas <input checked="" 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		P.O. BOX 1492 - EL PASO, TX 79978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
			24N	4W
Is gas actually connected?		When		
YES				

IV. COMPLETION DATA									
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
Perforations			Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						

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-MCF				
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				

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED <u>OCT 20 1986</u>	
<u>David M. Gallotti</u> (Signature)		BY <u>Frank J. Davis</u>	
<u>Operations Eng.</u> (Title)		SUPERVISOR DISTRICT	
<u>10/13/86</u> (Date)		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 deviatric 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 completed wells.	