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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  
Effective 1-1-65

I. Operator  
Cotton Petroleum Corporation

Address  
717-17th Street, Suite 2200, Denver, Colorado 80202

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter oil <input type="checkbox"/>	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Apache	Well No. 30	Pool Name, including Formations S. Blanco Chacra & P.C. Wildcat P.E.	Kind of Lease Jicarilla State, Federal or Fee Indian	Lease No. 127
Location Unit Letter J ; 1850 Feet From The South Line and 1850 Feet From The East Line of Section 3 Township 24N Range 4W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input 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, NM 87401
I well produces oil or liquids, give location of tanks.	Unit J Sec. 3 Twp. 24N Rge. 4W Is gas actually connected? No When

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

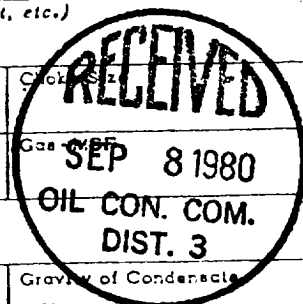
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
		XX	XX					
Date Spudded 4-5-80	Date Compl. Ready to Prod. 5-15-80	Total Depth 4080'	P.B.T.D. 4044'					
Elevations (DF, RKB, RT, GR, etc.) 6819' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3840	Tubing Depth 4080					
Perforations P.C. 2976-85, 2988-92, 2995-3008, 3020-23, 3039-43 1 JSPF			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	308	250 sxs to surface					
7 7/8	4 1/2	4080	700 sxs					

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 oil  
able 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
458	24	0	None
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flow up tbq-csg annulus	25	N/A	3/4"

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.

O.E. Wood / HOS  
(Signature)

Division Production Manager  
(Title)

9-4-80  
(Date)

OIL CONSERVATION COMMISSION

SEP 15 1980

APPROVED \_\_\_\_\_, 19

BY Original Signed by FRANK T. CHAVEZ

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 deviated  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all  
wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of  
well name or number, or transporter, or other such change of condition.