

SANTA FE	
FILE	
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-110  
Effective 1-1-65

B.K.

Operator Cotton Petroleum Corp.	
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

DESCRIPTION OF WELL AND LEASE

Lease Name Apache	Well No. 131	Pool Name, Including Formation Lindriith Gallup Dakota West	Kind of Lease Jicarilla State, Federal or Fee Indian	Lease No. 127
Location				
Unit Letter C	1980	Feet From The West	Line and 6000	Feet From The North
Line of Section 4	Township 24N	Range 4W	NMPM, Rio Arriba County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) 511 West Ohio St, Midland Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Nat. Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 4	Twp. 24N	Rge. 4W	Is gas actually connected? Yes	When 7-3-80

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-14-80	Date Compl. Ready to Prod. 7-22-80		Total Depth 7592		P.B.T.D. 7540			
Elevations (DF, RAB, RT, GR, etc.) 6908' GR	Name of Producing Formation Gallup Dakota		Top Oil/Gas Pay 6414		Tubing Depth 7374			
Perforations					Depth Casing Shoe 7583			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 3/8 4 1/2		DEPTH SET 377 7583		SACKS CEMENT 250 Stg 1 600sx Stg 2 700sx DV tool @ 4005			

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 8-19-80	Date of Test 8-19-80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 12 hours	Tubing Pressure 140	Casing Pressure 140	Choke Size 3/4
Actual Prod. During Test	Oil - Bbls. 31	Water - Bbls. 21	Gas - MCF 105

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

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)  
Aug. 20, 1980  
(Date)

OIL CONSERVATION COMMISSION

SEP 10 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 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 multiple