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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-1
Effective 1-1-65

Temporary C-104 to allow test of well down
pipeline to minimize waste.

B.K.

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"/>	Change in Transporter of <input type="checkbox"/>
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"/>
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Apache	Well No. 131	Pool Name, including Formation Lindrith 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 660' Feet From The North				
Line of Section 4 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"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) 511 West Ohio Street, Midland, Texas 78701					
Name of Authorized Transporter of Casinghead Gas <input checked="" 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, 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:						

IV. 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't. <input type="checkbox"/> Diff. Res't. <input type="checkbox"/>		
Date Spudded 6-14-80	Date Compl. Ready to Prod.	Total Depth 7592'	P.B.T.D. 7540'
Elevations (DF, RKB, RT, GR, etc.) 6908' GR	Name of Producing Formation Gallup Dakota	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe 7583'

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8"	377'	250
7 7/8	4 1/2	7583'	Stage 1 600 SXS
			Stage 2 700 SXS
			DV tool @ 4005'

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 Test allowable of 2000 BO is requested	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL		Bble. Condensate/MCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)		Choke Size	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				

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.

D. Wood
(Signature)
Division Production Manager
(Title)
7-22-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 30 1980

Original Signed by CHARLES GRULSON

BY

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 deviate 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.