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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

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

C-104 Expires 7-17-80

B.K.

Operator
Cotton Petroleum Corporation

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

2000 bbls. testing allow.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Apache	Well No. 132	Pool Name, including Formation Lindrieth Gallup Dakota West	Kind of Lease Jicarilla State, Federal or Fee Indian	Lease No. 127
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>4</u> Township <u>24N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> 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 <u>K</u>	Sec. <u>4</u>	wp. <u>24N</u>	Pge. <u>4W</u>	Is gas actually connected? Yes	When <u>6-22-80</u>

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'
Date Spudded 5-30-80	Date Compl. Ready to Prod.		Total Depth 7432'		P.B.T.D. 7401'			
Elevations (DF, RKB, RT, GR, etc.) 6782' GR	Name of Producing Formation Gallup Dakota		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

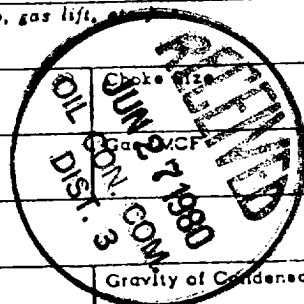
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8"	370'	275
7 7/8"	4 1/2	7432'	Stage 1 600 sxs
			Stage 2 700 sxs
			DV tool @ 3969'

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



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

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.

DeWood
(Signature)

Division Production Manager
(Title)

5-25-80
(Date)

OIL CONSERVATION COMMISSION
JUN 27 1980

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #1

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 cyclic tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on now and noncompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.