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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. OPERATOR**  
Operator: APACHE CORPORATION  
Address: 1700 LINCOLN, #4900, DENVER, COLORADO 80203-4549

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:      Oil       Dry Gas

Recompletion       Casinghead Gas       Condensate

Change in Ownership

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 <u>APACHE</u>	Well No. <u>27</u>	Pool Name, including Formation <u>LINDRITH GALLUP-DAKOTA W.</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>126</u>
Location Unit Letter <u>I</u> ; <u>1600</u> Feet From The <u>South</u> Line and <u>820</u> Feet From The <u>East</u>				
Line of Section <u>24</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 type="checkbox"/> or Condensate <input type="checkbox"/>	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>EL PASO NATURAL GAS</u>	<u>P.O. BOX 1492 - EL PASO, TX 79978</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
			<u>24N</u>	<u>4W</u>
			is gas actually connected?	When
			<u>YES</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 type="checkbox"/> Oil Well	<input type="checkbox"/> Gas well	<input 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	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. <u>002201930</u>	Gas - MCF

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

David M. Abbott  
(Signature)

Operator  
(Title)

10/13/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Quigg 1986

BY \_\_\_\_\_

TITLE SUPERVISOR DISTRICT

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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner 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.