

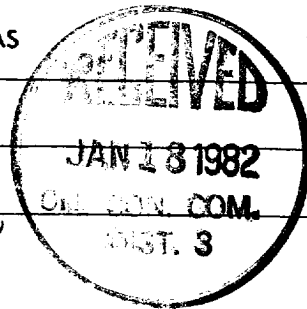
OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3.2



NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR

Operator: COTTON PETROLEUM CORPORATION

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

Reason(s) for filing (Check proper box):

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

Other (Please explain): _____

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Apache</u>	Well No. <u>138</u>	Pool Name, Including Formation <u>Lindrith Gallup Dakota West</u>	Kind of Lease <u>Jicarilla</u>	Lease No. <u>126</u>
Location			State, Federal or Fee <u>Apache</u>	
Unit Letter <u>G</u>	<u>1980</u>	Feet From The <u>North</u>	Line and <u>1980</u>	Feet From The <u>East</u>
Line of Section <u>12</u>	Township <u>24N</u>	Range <u>4W</u>	<u>NMPM, 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"/> <u>Giant Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 256, Farmington, New Mexico 87401</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 990, Farmington, New Mexico 87401</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>12</u>	Twp. <u>24N</u>	Rge. <u>4W</u>
	Is gas actually connected? <u>NO</u>		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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res
Date Spudded <u>9-4-81</u>	Date Compl. Ready to Prod. <u>1-22-82</u>		Total Depth <u>7470'</u>		P.B.T.D. <u>7400'</u>			
Elevations (DF, RAB, RT, GR, etc.) <u>6850' GR</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>7222'</u>		Tubing Depth <u>7202'</u>			
Perforations <u>7223'-7227' w/1 JSPF, 7234'-7238' w/1 JSPF, 7252'-7254' w/1 JSPF, 7266'-7272' w/1 JSPF</u>					Depth Casing Shoe <u>7481.80'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>300'</u>		<u>216 sxs Class G, Circu to surface</u>			
<u>7-7/8"</u>	<u>4-1/2"</u>		<u>7481.80'</u>		<u>1st:857 sxs 50/50 poz</u>			
	<u>2 3/8</u>		<u>7202</u>		<u>2nd:620 sxs 50/50 poz</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 <u>1-10-82</u>	Date of Test <u>1-10-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>		
Length of Test <u>24 Hrs.</u>	Tubing Pressure <u>100</u>	Casing Pressure <u>0 (Packer)</u>	Choke Size <u>3/4" orifice</u>	
Actual Prod. During Test <u>24 HRS</u>	Oil-Bbls. <u>13</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>166</u>	

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. E. Wood by (Flummin)
Division Production Manager
Jan 15, 1982

OIL CONSERVATION DIVISION
JAN 18 1982

APPROVED _____, 19____

BY _____

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 deviativ 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 reamplated 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 completed wells.