

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
PRODUCTION OFFICE	
LAND OFFICE	
TRANSPORTER	
U.S.G.S.	
FILE	
SANTA FE	
DISTRIBUTION	

I. Operator  
**Cotton Petroleum Corporation**

Address **750 Ptarmigan Place  
3773 Cherry Creek Dr. North, Denver, Colo. 80209**

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)  
**Request temporary permission to produce gas to pipeline immediately after frac.**  
*20 days*

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Apache</b>	Well No. <b>31</b>	Pool Name, including Formation <b>South Blanco P.C.</b>	Kind of Lease State, Federal or Fee <b>Jicarilla Apache</b>	Lease No. <b>129</b>
Location Unit Letter <b>E I</b> ; <b>1810</b> Feet From The <b>South</b> Line and <b>840</b> Feet From The <b>East</b>				
Line of Section <b>23</b> Township <b>24N</b> Range <b>4W</b> , NMPM, <b>Rio Arriba</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>None</b>	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 type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 990, Farmington, N. M. 87401</b>
If well produces oil or liquids, give location of tanks. Unit <b>C</b> Sec. <b>23</b> Twp. <b>24N</b> Rge. <b>4W</b>	Is gas actually connected? <b>Yes</b> 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <b>7-9-82</b>	Date Compl. Ready to Prod. <b>7-23-82</b>	Total Depth <b>3183</b>	P.B.T.D. <b>3139</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>7040'KB 7027'GR</b>	Name of Producing Formation <b>Blanco P.C.</b>	Top Oil/Gas Pay <b>3055</b>	Tubing Depth <b>3100-3032</b>					
Perforations <b>3055' - 3057' W/2JSPF; 3062' - 3066' W/2JSPF; 3078' - 3082' W/1JSPF</b>		Depth Casing Shoe <b>3183</b>						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>137'</b>			<b>100 to surface</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>3183'</b>			<b>448</b>			
	<b>2 3/8</b>	<b>3032</b>						

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.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <b>48.2</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>None</b>
Testing Method (pilot, back pr.) <b>Flowing thru tubing</b>	Tubing Pressure (shut-in) <b>1010</b>	Casing Pressure (shut-in) <b>0 - packer</b>	Choke Size <b>1/4"</b>

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.

*[Signature]*  
Area Superintendent  
(Title)  
**December 6, 1982**  
(Date)

OIL CONSERVATION DIVISION  
**12-8-82** **DEC 1 1982**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Original Signed by FRANK T. CHAVEZ**  
SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_

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 completed wells.