

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-63

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 type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" 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

DESCRIPTION OF WELL AND LEASE				
Lease Name APACHE	Well No. 110	Pool Name, including Formation Lindrieth Gallup-Dakota West	Kind of Lease Jicarilla	Lease No. 126
Location				
Unit Letter P	: 540	Feet From The East	Line and 825	Feet From The South
Line of Section 11	Township 24N	Range 4W	, NMPM, Rio Arriba County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, NM 87401					
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, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 11	Twp. 24N	Rge. 4W	Is gas actually connected? yes	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	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

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

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	APPROVED _____, 19____
	Original Signed by FRANK T. CHAVEZ
	BY _____
	SUPERVISOR DISTRICT # 3
	TITLE _____
	This form is to be filled in compliance with RULE 1104.
	If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviator 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 completed 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.

D.E. Wood / DM  
(Signature)  
Division Production Manager  
(Title)