

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
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| FILE                   |     |
| U.S.U.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

I. Operator  
**COTTON PETROLEUM CORPORATION**

Address  
**750 Ptarmigan Place - 3773 Cherry Creek Drive North - Denver, Colorado 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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|  |                        |   |  |                         |
|--|------------------------|---|--|-------------------------|
| Lease Name<br><b>APACHE</b>  | Well No.<br><b>111</b> | Pool Name, including Formation<br><b>LINDRITH GALLUP-DAKOTA, WEST</b> | Kind of Lease<br>State, Federal or Fee<br><b>FEDERAL</b> | Lease No.<br><b>129</b> |
| Location<br>Unit Letter <b>K</b> ; <b>2065</b> Feet From The <b>south</b> Line and <b>1920</b> Feet From The <b>west</b> |                        |   |  |                         |
| Line of Section <b>13</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>GIANT REFINING COMPANY</b>      | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. BOX 256 - Farmington, NM 87499</b> |                   |                    |                   |  |                        |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>EL PASO NATURAL GAS</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 1492 - El Paso, TX 79978</b>   |                   |                    |                   |  |                        |
| If well produces oil or liquids,<br>give location of tanks.  | Unit<br><b>24N</b>   | Sec.<br><b>4W</b> | Twp.<br><b>24N</b> | Rge.<br><b>4W</b> | Is gas actually connected?<br><b>Yes</b> | When<br><b>11-5-79</b> |

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 |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |        |           |             |           |
| Elevations (DF, RKB, RT, CR, 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 all  
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                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

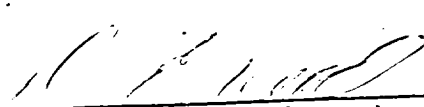
OCT 10 1985  
OIL CON. DIV.  
DIST. 3

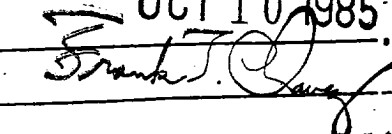
GAS WELL

|                                   |                           |                           |                       |
|-----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D         | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (pistol, back pr.) | Tubing Pressure (shot-in) | Casing Pressure (shot-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.

  
(Signature)  
**DIVISION PRODUCTION MANAGER**  
(Title)  
**October 8, 1985**  
(Date)

OIL CONSERVATION DIVISION  
OCT 10 1985  
APPROVED   
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 deeper  
well, this form must be accompanied by a tabulation of the deviat  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all  
able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ow  
well name or number, or transporter, or other such change of conditi  
Separate Forms C-104 must be filled for each pool in multi  
completed wells.