

|                  |     |  |
|------------------|-----|--|
| 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 1-1-65

|                                              |                                                                                                    |  |  |
|----------------------------------------------|----------------------------------------------------------------------------------------------------|--|--|
| 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: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |  |  |
| Recompletion <input type="checkbox"/>        | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>                        |  |  |
| Change in Ownership <input type="checkbox"/> |                                                                                                    |  |  |

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

|                                  |                                                                          |                                |                             |           |            |
|----------------------------------|--------------------------------------------------------------------------|--------------------------------|-----------------------------|-----------|------------|
| I. DESCRIPTION OF WELL AND LEASE |                                                                          | Kind of Lease                  | Jicarilla                   | Lease No. |            |
| Lease Name                       | APACHE                                                                   | State, Federal or Fee          | Apache                      | 129       |            |
| Well No.                         | 112                                                                      | Pool Name, including Formation | Lindrith Gallup-Dakota West |           |            |
| Location                         | Unit Letter C : 660 Feet From The North Line and 1830 Feet From The West |                                |                             |           |            |
| Line of Section                  | 24                                                                       | Township                       | 24N                         | Range     | 4W         |
|                                  |                                                                          |                                |                             | NMPM      | Rio Arriba |

|                                                                                                                          |                                 |                                                                          |      |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------|------|
| II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                                    |                                 | Address (Give address to which approved copy of this form is to be sent) |      |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Giant Refining Co.              | 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     | P. O. Box 990, Farmington, NM 87401                                      |      |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit C Sec. 24 Twp. 24N Rge. 4W | Is gas actually connected?                                               | When |
|                                                                                                                          |                                 | yes                                                                      |      |

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

|                                      |                             |                 |          |                   |          |        |           |             |           |
|--------------------------------------|-----------------------------|-----------------|----------|-------------------|----------|--------|-----------|-------------|-----------|
| V. COMPLETION DATA                   |                             | Oil Well        | Gas Well | New Well          | Workover | Deepen | Plug Back | Same Res'v. | Diff. Re. |
| Designate Type of Completion - (X)   |                             |                 |          |                   |          |        |           |             |           |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     |          | 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      |          |        |           |             |           |
|                                      |                             |                 |          |                   |          |        |           |             |           |
|                                      |                             |                 |          |                   |          |        |           |             |           |
|                                      |                             |                 |          |                   |          |        |           |             |           |

|                                                  |                 |                                                                                                                                              |            |
|--------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------|
| VI. 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 oil 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  |

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL                         |                           | Bbls. Condensate/MCF      | Gravity of Condensate |
| Actual Prod. Test - MCF/D        | Length of Test            |                           |                       |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

CERTIFICATE OF COMPLIANCE

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.

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

|                                                                                                                                                                                       |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| OIL CONSERVATION COMMISSION                                                                                                                                                           |                                    |
| FEB 27 1981                                                                                                                                                                           |                                    |
| APPROVED                                                                                                                                                                              | 19                                 |
| BY                                                                                                                                                                                    | Original Signed by FRANK T. CHAVEZ |
| 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 deep well, this form must be accompanied by a tabulation of the devils 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 recompleted wells.                                                                                   |                                    |
| Fill out only Sections I, II, III, and VI for changes of owner or transporter, or other such change of condition.                                                                     |                                    |