}	HO. OF COPIES RECEIVED	NEW MEXICO OIL (CONSERVATION COMMISSION	
	SANTA PE 1		FOR ALLOWABLE	Supersedes Old C-10s and C-1 Effective 1-1-65
}	F.II.E U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL G	AS $\land \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
t	LAND OFFICE	7.0 (10.11	•	61.
	TRANSPORTER GAS /		low test of well down pip	eline 10°
- }	OPERATOR /	to minimize waste.		•
1.	PRORATION OFFICE			
l	Cotton Petroleum Corporation			
ľ	Address			
	717 - 17th Street, Suite 2200, Denver, Colorado 80202 Reason(s) For filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:		1 17-80
	Recompletion Change in Ownership	OII Dry Go Casinghead Gas Conde	5 Oypures	6-11-00
I				
i	If change of ownership give name and address of previous owner			
Ħ.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	Formation Kind of Lease	Jicarilla Leane No.
	APACHE	124 Lindrith Gallu	ID Dakota W State, Federal	orree Indian 12/
	Unit Letter 0 : 660' Feet From The East Line and 1940' Feet From The South			
	Line of Section 4 Tow	mship 24N Range	4W , NMPM, Rio A	Arriba County
II.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent, 511 West Ohio Street, Midland, Texas 78701 The Address (Give address to which approved copy of this form is to be sent, 61 Address (Give address to which approved copy of this form is to be sent, 62 Address (Give address to which approved copy of this form is to be sent, 63 Address (Give address to which approved copy of this form is to be sent, 63 Address (Give address to which approved copy of this form is to be sent, 63 Address (Give address to which approved copy of this form is to be sent, 64 Address (Give address to which approved copy of this form is to be sent, 64 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent, 65 Address (Give address to which approved copy of this form is to be sent,			dland, Texas 78701
	Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company		P. O. Box 990, New Mexico 87401	
	Unit Sec. Twp. Pge. Is gas actually connected? When			\
	give location of tanks.	<u>1</u>	, give commingling order number:	
v.	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Res			
	Designate Type of Completion		XX	<u> </u>
	Date Spudded 5-1-80	Date Compl. Ready to Prod.	Total Depth 7478'	7444 ¹
	Elevations (DF, RKB, RT, GR, etc.) 6753' GR	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 6223'	Tubing Depth
	Destarations 6222 25 6267 9	0 1 1SPE 6187_80 97 6	5310, 24, 37, 39, 68, 72,	Depth Casing Shoe 7478
	76, 7119-29:10 JSPF, 7143-52 1 JSPF, 7156-60 1 JSPF, 7264-70 2 JSPF, 7308-1 12 2 JSPF)) TUBING, CASING, AND CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12 1/4"	8 5/8"	371'	250 sxs to surface
	7 7/8"	4 1/2"	7478' Stage 1	600 sxs DV @ 4030'
		1	Stage 2	700 sxs
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 also oil. WELL			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, eic.)
	A test allowable of 200	Tubing Pressure	Casing Pressure	Chcke Size
	Length of Fort		Dia Dia	Gge - MCF
	Actual Prod. During Teet	Oil-Bbls.	Water - Bbls.	
	Actual Fred, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		m to a parameter to the total	Casing Pressure (Shut-in)	Chake Size
	Testing Method (pitot, back pr.)	Tubing Prossure (Shut-14)		
71.	CERTIFICATE OF COMPLIAN	CE		TION COMMISSION
			APPROVED MAY 28 109	

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.

Division Production Manager

(Title) 5-23-80 (Date)

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H.

APPROVED_ Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT

TITLE _

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly difficient despense well, this form must be accompenied by a tabulation of the deviation tests taken on the well in accordance with NULL 111.

All sections of this form must be filled out completely for allowable on new and recompleted walls.

FIII out only Sections I. B. III, and VI for changes of owner well name or number, or transporter, or other such change of condition