

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Cotton Petroleum Corporation

Address 717 17th Street, Suite 2200, Denver, Colorado 80202

Reason(s) for filing (Check proper box) New Well, Recompletion, Change in Ownership, Change in Transporter etc, Oil, Dry Gas, Casinghead Gas, Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE Lease Name APACHE Well No. 117 Pool Name Lindrith Gallup-Dakota West Kind of Lease Jicarilla State, Federal or Fee Apache Lease No. 126 Location Unit Letter A, 660 Feet From The North Line and 160-610 Feet From The East Line of Section 12 Township 24N Range 4W NMPM Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Giant Refining Co. Address Box 256, Farmington, NM 87401 Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company Address P. O. Box 990, Farmington, NM 87401 If well produces oil or liquids, give location of tanks. Unit A, Sec. 12, Twp. 24N, Rge. 4W Is gas actually connected? yes

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, Depth Casing Shoe, Perforations, TUBING, CASING, AND CEMENTING RECORD HOLE SIZE, CASING & TUBING SIZE, DEPTH SET, OIL CON. CO. BACK CEMENT, FEB 27 1981, DIST. 3

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)

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL 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, Length of Test, Bbls. Condensate/MCF, Gravity of Condensate, 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 / DM2 (Signature) Division Production Manager (Title)

OIL CONSERVATION COMMISSION APPROVED FEB 27 1981 BY Original Signed by FRANK L. HAVAZ 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 deviate 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 well name or number, or transporter, or other such change of condition.