P. O. BOX 2088 DIST P IN UT 10H BANTA FE SANTA FE, NEW MEXICO 87501 FILE U.S.U.S. LAND OFFICE REQUEST FOR ALLOWABLE TRANSPORTER GAS AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DPERATOR PROBATION OFFICE COTTON PETROLEUM CORPORATION Address 750 Ptarmigan Place - 3773 Cherry Creek Drive North - Denver, Colorado 80209 Reason(s) for filing (Check proper box) Other (Please explain) New Well Dry Gas $\overline{\mathbf{M}}$ Recompletion OH Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Legae No State, Federal or Fee FEDERAL 129 LINDRITH GALLUP-DAKOTA, WEST APACHE Location 980 east 980 Feet From The north _Line and _ Α Unit Letter RIO ARRIBA 4W , NMPM, County 24N Range 13 Township Line of Section III. 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 XX or Condensate P.O. BOX 256 - Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) GIANT REFINING COMPANY or Dry Gas Name of Authorized Transporter of Casinghead Gas XX P.O. Box 1492 - El Paso, TX 79978 EL PASO NATURAL GAS Is gas actually connected? Rge. Unit If well produces oil or liquids, 6-2-79 Yes 24N ! 4W give location of tanks. give commingling order number: If this production is commingled with that from any other lease or pool, IV. COMPLETION DATA Same Res'v. Diff. Res Gas Well Workover Deeper Plug Back Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top alloable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, ear lift, etc.) OIL WELL Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Tubing Pressure Length of Test OCT 1 0 1986a-MCF Woter - Bbis. Oll - Bbls. Actual Prod. During Test DIST. 3 GAS WELL Gravity of Condensate Bbis. Condensate/AMCF Length of Test Actual Prod. Test-MCF/D -Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION DIVISION VI. CERTIFICATE OF COMPLIANCE 1 0 1985 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. APPROVED ĖΥ. SUPERVISOR ASTRICT # 3 TITLE .

(Signature)
DIVISION PRODUCTION MANAGER
(Title)

October 1, 1985

(Date)

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

If this is a request for allowable for a newly drilled or deepens well, this form stust be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for aller able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owns well name or number, or transporter, or other such change of condition

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Separate Forms C-104 must be filed for each pool in multiperompleted wells.