## OIL CONSERVATION DIVISION LINET AND REAL PROCESS P. O. BOX 2/188 DISTRIBUTION SANTA FE, NEW MEXICO 87501 BANTAFE FILE U.S.U.S. REQUEST FOR ALLOWABLE LAND OFFICE AND TRANSPORTER AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PROBATION OFFICE Operator COTTON PETROLEUM CORPORATION 750 Ptarmigan Place - 3773 Cherry Creek Drive North - Denver. Colorado 80209 Other (Please explain) Reason(s) for biling (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease No Kind of Lease Well No. Pool Name, Including Formation 129 State, Federal or Fee FEDERAL LINDRITH GALLUP-DAKOTA, WEST 114 **APACHE** Location 990 Feet From The Feet From The South Line and 1780 Unit Letter RIO ARRIBA County NMPM, 4W 24 24N Range Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | XX | or Condensate | | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256 - Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) GIANT REFINING COMPANY Name of Authorized Transporter of Casinghead Gas XX or Dry Gas P.O. Box 1492 - El Paso, TX 79978 EL PASO NATURAL GAS When Is gas actually connected? Rge. Unit Sec. If well produces oil or liquids, 8-6-79 Yes 24N ' give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: Same Res'v. Diff. Res IV. COMPLETION DATA Workover Deepen Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. 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 CASING & TUBING SIZE HOLE SIZE 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 al able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Preseure Length of Test OCT 10 100 Çaş - MCF Water-Bbis. Oil - Bbls. Actual Prod. During Test DIST. 3 Gravity of Condensate GAS WELL Bbls. Condensate/AMCF Length of Test Actual Prod. Test-MCF/D-Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION DIVISION VI. CERTIFICATE OF COMPLIANCE 0.C/F 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. BY. SUPERVISOR DIR RICT # 3 This form is to be filed in compliance with RULE 1104,

DIVISION PRODUCTION MANAGER (Title)

1985 October 7, (Date)

If this is a sequest for allowable for a newly drilled or deeps well, this form must be accompanied by a tabulation of the devia 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 tell name or number, or transporter, or other such change of condi-Separate Forms C-104 must be filed for each pool in multinmoleted wells.