

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 1-1-63

B.K.

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

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name Apache	Well No. 132	Pool Name, including Formation Lindrith Gallup Dakota West	Kind of Lease Jicarilla State, Federal or Fee Indian	Lease No. 127
Location				
Unit Letter K : 1980 Feet From The West Line and 1980 Feet From The South				
Line of Section 4 Township 24N Range 4W, NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refrining Company	Address (Give address to which approved copy of this form is to be sent) 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	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 4	Twp. 24N	Rge. 4W	Is gas actually connected? yes	When 6-22-80

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 5-30-80	Date Compl. Ready to Prod. 8-7-80	Total Depth 7432'	P.B.T.D. 7401'
Elevations (DF, RKB, RT, GR, etc.) 6782' GR	Name of Producing Formation Gallup Dakota	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2"	8-5/8"	370'	275
7-7/8"	4-1/2"	7432' Stage 1	600 sxs
		Stage 2	700 sxs
			DV tool @ 3969'

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load off and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8-7-80	Date of Test 8-5-80	Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hrs	Tubing Pressure 130 psi	Casing Pressure
Actual Prod. During Test	Oil - Bbls. 30 BO	Water - Bbls. 40 BLW
		Choke Size 30/64"
		Gas - MCF 60 MCF

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

I. 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 (Signature)  
Division Production Manager (Title)  
4/2/81 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 6 1981

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT 73

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 allowable on new and recompleted wells.

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