

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                  |            |
|------------------|------------|
| SANTA FE         |            |
| FILE             |            |
| U.S.G.S.         |            |
| LAND OFFICE      |            |
| TRANSPORTER      | OIL<br>GAS |
| OPERATOR         |            |
| PRORATION OFFICE |            |

Operator  
Cotton Petroleum Corporation

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

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

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

|                                                                                     |                |                                                            |                            |                  |
|-------------------------------------------------------------------------------------|----------------|------------------------------------------------------------|----------------------------|------------------|
| Lease Name<br>Apache                                                                | Well No.<br>25 | Pool Name, including Formation<br>South Blanco PC & Chacra | Kind of Lease<br>Jicarilla | Lease No.<br>129 |
| Location<br>Unit Letter C : 790 Feet From The East Line and 790 Feet From The North |                |                                                            |                            |                  |
| Line of Section 24 Township 24N Range 4W NMPM Rio Arriba Count                      |                |                                                            |                            |                  |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                         |                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br>NONE                                           | Address (Give address to which approved copy of this form is to be sent)                                        |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 990, Farmington, NM 87401 |
| If well produces oil or liquids, give location of tanks.<br>Unit C Sec. 24 Twp. 24N Rge. 4W                                                             | Is gas actually connected? <input type="checkbox"/> When<br>NO                                                  |

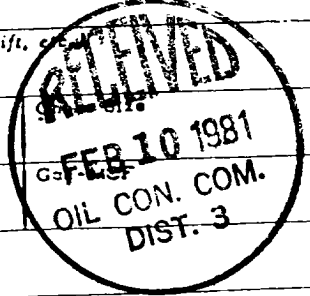
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

|                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                       |                                               |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------|-----------------------------------------------|----------------------------|
| Designate Type of Completion - (X)<br>Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Hes't'v. <input type="checkbox"/> Diff. Re <input type="checkbox"/> | Date Spudded<br>12-13-80                               | Date Compl. Ready to Prod.<br>1-19-81 | Total Depth<br>4099                           | P.B.T.D.<br>4039'          |
| Elevations (DF, RKB, RT, GR, etc.)<br>6872 GR                                                                                                                                                                                                                                                                                                   | Name of Producing Formation<br>Chacra - Picture Cliffs | Top Oil/Gas Pay<br>2949' PC           | Tubing Depth<br>3942'                         | Depth Casing Shoe<br>4098' |
| Perforations PC 2949', 50', 58', 59', 62', 63', 64', 70', 71', 3016, 17' & 26'<br>Chacra 3798', 3800', 02', 14', 16', 18', 72', 74', 83', 3904', 10', & 16'                                                                                                                                                                                     |                                                        |                                       |                                               |                            |
| TUBING, CASING, AND CEMENTING RECORD                                                                                                                                                                                                                                                                                                            |                                                        |                                       |                                               |                            |
| HOLE SIZE<br>12-1/4"<br>7-7/8"                                                                                                                                                                                                                                                                                                                  | CASING & TUBING SIZE<br>8-5/8"<br>4-1/2"<br>2 3/8"     | DEPTH SET<br>376<br>4098<br>3942      | SACKS CEMENT<br>300 sxs to surface<br>410 sxs |                            |

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 of well for this depth or be for full 24 hours)

|                                 |                 |                                               |
|---------------------------------|-----------------|-----------------------------------------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test                  | Tubing Pressure | Casing Pressure                               |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 |



GAS WELL

|                                                |                                |                                  |                              |
|------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| Actual Prod. Test-MCF/D<br>653                 | Length of Test<br>3 Hrs        | Bbls. Condensate/MCF<br>0        | Gravity of Condensate        |
| Testing Method (prior, back pr.)<br>Flow Meter | Tubing Pressure (Shut-in)<br>0 | Casing Pressure (Shut-in)<br>851 | Choke Size<br>1 1/4" orifice |

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.

*(Signature)*  
Division Production Manager  
(Title)  
January 13, 1981

OIL CONSERVATION COMMISSION

APPROVED FEB 10 1981

Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for a well on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of cond.