

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASDEC 17 1985  
OIL CON. DIV.  
DIST. 3

NO. OF WELLS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

COTTON PETROLEUM CORPORATION

Address

750 Ptarmigan Place - 3773 Cherry Creek Drive North - Denver, Colorado 80209

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name APACHE	Well No. 151	Pool Name, including Formation LINDRITH GALLUP-DAKOTA, WEST	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 126
Location Unit Letter <u>O</u> : <u>990</u> Feet From The <u>South</u> Line and <u>1860</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>24N</u> Range <u>4W</u> , NMPM, <u>RIO ARriba</u> Count				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256 - Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 - El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit <u>O</u> Sec. <u>12</u> Twp. <u>24N</u> Rge. <u>4W</u> Is gas actually connected? <u>Yes</u> When <u>12/16/85</u>

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 11-5-85	Date Compl. Ready to Prod. 12/16/85	Total Depth 7445'	P.B.T.D. 7385'					
Elevations (DF, RKB, RT, GR, etc.) 6807' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7061'	Tubing Depth 7003.59'					
Perforations 7371'-7266' 7204'-7073'	Depth Casing Shoe 7445'							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	393'	272 sxs Class B
7-7/8"	4-1/2"	7445'	1st stage: 550 sxs 2nd stage: 600 sxs

## V. 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)

Date First New Oil Run To Tanks 12-16-85	Date of Test 12/16/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 400	Casing Pressure 945	Choke Size
Actual Prod. During Test	Oil - Bbls. 96	Water - Bbls. 0	Gcs-MCF 288

## GAS WELL

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

## VI. CERTIFICATE OF COMPLIANCE

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.

(Signature)

DIVISION PRODUCTION MANAGER

(Title)

12/16/85

(Date)

OIL CONSERVATION DIVISION

DEC 17 1985

APPROVED Original Signed by FRANK T. CHAVEZ

BY 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 deviated 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 well. Separate Form OAC must be filed for each pool in