

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

3015/R
 RECEIVED
 JAN 29 1986
 OIL CON. DIV. I
 DIST. 3

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
PRODUCTION OFFICE	
LAND OFFICE	
TRANSPORTER	OIL GAS
FILE	
SANTA FE	
DISTRIBUTION	

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

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name APACHE	Well No. 147	Pool Name, including Formation LINDRITH GALLUP-DAKOTA, WEST	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 129
Location Unit Letter <u>G</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>24N</u> Range <u>4W</u> , NMPM, RIO ARRIBA 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>G</u> Sec. <u>13</u> Twp. <u>24N</u> Rge. <u>4W</u>	Is gas actually connected? <u>Yes</u> When <u>1/25/86</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 <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. <input type="checkbox"/>
Date Spudded 11/14/85	Date Compl. Ready to Prod. 1/25/86	Total Depth 7507'	P.B.T.D. 7461'					
Elevations (DF, RKB, RT, GR, etc.) 6887'	Name of Producing Formation Dakota	Top Oil/Gas Pay	Tubing Depth 7212'					
Perforations 7432-7322', 7151-7247'		Depth Casing Shoe 7507'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	391'	280 SXS					
7-7/8"	4-1/2"	7507'	1st: 600 SXS					
			2nd: 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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1/25/86	Date of Test 1/25/86	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Testing Pressure 150	Casing Pressure 800	Choke Size
Actual Prod. During Test	Oil-Bbls. 71	Water-Bbls. 15	Gas-MCF 211

Joint w/121

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plug, back pr.)	Testing Pressure (Chart-in)	Casing Pressure (Chart-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.

DE Wood /fg
 (Signature)
 DIVISION PRODUCTION MANAGER
 (Title)
 January 25, 1986
 (Date)

OIL CONSERVATION DIVISION
 APPROVED JAN 29 1986
 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 deeper 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 all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
 Separate Form C-104 must be filed for each pool in multi-