

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
LAND OFFICE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICE	
SPECIAL	

Cotton Petroleum Corporation

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

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)

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Nageezi Federal 33	Well No. #1	Pool Name, including Formation Duffers Point Gallop-Dakota	Kind of Lease State, Federal or Fee NA	Lease No. NM-42424
Location Unit Letter <u>A</u> ; <u>700</u> Feet From The <u>North</u> Line and <u>600</u> Feet From The <u>East</u> Line Line of Section <u>33</u> Township <u>25N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> 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 Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, N. M. 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 770, Farmington, N. M. 87401
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>33</u> Twp. <u>25N</u> Rge. <u>8W</u> Is gas actually connected? <u>No</u> When

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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 8-19-81	Date Compl. Ready to Prod.	Total Depth 7383'	P.B.T.D.					
Deviation (DF, RKB, RT, GR, etc.) 7320' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7174'	Tubing Depth 7117.16'					
Perforations 7090-7110', W/2 JSPF			Depth Casing Shoe 7332'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	500'	300 sacks - class G
7-7/8"	4-1/2"	7332'	Circulate to surface
			Stg 1 600 sxs mod slf str
			Stg 2 448 sacks cement

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 (11-5-81)	Date of Test 11-4-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 20 psi	Casing Pressure 20 psi	Choke Size 64/64
Actual Prod. During Test	Oil-Bbls. 21	Water-Bbls. 10	Gas-MCF

AS 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

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.

D. E. Wood
(Signature)

Denver Division Manager
(Title)

11-5-81
(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 5 - 1981**

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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 deviation 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.