

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRORATION OFFICE	

I. 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  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name **APACHE** Well No. **125** Pool Name, including Formation **LINDRITH GALLUP-DAKOTA, WEST** Kind of Lease **FEDERAL** Lease No. **127**  
 Location  
 Unit Letter **C** : **660** Feet From The **north** Line and **1880** Feet From The **west**  
 Line of Section **10** Township **24N** Range **4W** , NMPM, **RIO ARRIBA** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
**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  or Dry Gas   
**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 Sec. Twp. Rge. Is gas actually connected? When  
 Yes 24N 4W Yes 5-19-80

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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res.  
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
 Perforations Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)  
 Length of Test Tubing Pressure Casing Pressure Choke Size  
 Actual Prod. During Test Oil - Bbls. Water - Bbls. **OCT 10 1985** MCF  
**OIL CON. DIV. DIST. 3**

GAS WELL  
 Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate  
 Testing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-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)  
 October 9, 1985  
 (Date)

OIL CONSERVATION DIVISION  
**OCT 10 1985**  
 APPROVED \_\_\_\_\_  
 BY **Frank J. [Signature]**  
 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 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 able 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 Forms C-104 must be filled for each pool in multi-completed wells.