

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Revised 10-1-78

3094/R

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator Cotton Petroleum Corporation	
Address 3773 Cherry Creek Drive North Suite 750 Denver, Co. 80209	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

RECEIVED
JUN 14 1985
OIL CON. DIV.
DIST. 3

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Apache	Well No. 149	Pool Name, including Formation Lindrith Gallup Dakota W.	Kind of Lease State, Federal or Fee Apache	Lease No. 126
Location Unit Letter <u>P</u> ; <u>680</u> Feet From The <u>South</u> Line and <u>935</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>24N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. <i>Surface Transportation</i>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267 Ponca City, OK 74603
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 1729 E. 21st St. Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>1</u> Twp. <u>24N</u> Rge. <u>4W</u>	Is gas actually connected? <u>Yes</u> When <u>5-25-85</u>

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

V. 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 3-7-85	Date Compl. Ready to Prod. 5-16-85	Total Depth 7746'	P.B.T.D. 7722'					
Elevations (DF, RKB, RT, GR, etc.) 7001' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7449'	Tubing Depth 7456'					
Perforations 7644-50', 7452-7464', 7476-7488', <i>7654-7658</i>							Depth Casing Shoe -	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8-5/8"	396'		260 SxS				
7-7/8"	4 1/2"	7745'		1st stage - 650				
	<i>2 3/8</i>	<i>7456</i>		2nd stage - 650				

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 allc able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <i>5-16-85</i>	Date of Test 5-28-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 52	Water-Bbls. 25	Gas-MCF 106

GAS WELL

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

I. 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 / RRF
(Signature)
Division Production Manager
(Title)
6-11-85
(Date)

OIL CONSERVATION DIVISION JUN 14 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 deepene well, this form must be accompanied by a tabulation of the deviatric tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allow able on new and completed wells.	
Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio	
Separate Forms C-104 must be filed for each pool in multipl completed wells.	