

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
DEC 06 1985
OIL CON. DIV
DIST. 3
3142 R
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U.S.U.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)	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"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name APACHE	Well No. 145	Pool Name, including Formation LINDRITH GALLUP-DAKOTA, WEST	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 126
Location Unit Letter J ; 2000 Feet From The South Line and 1900 Feet From The East Line of Section 11 Township 24N Range 4W , NMFM, RIO ARRIBA County				

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 J Sec. 11 Twp. 24N Rge. 4W	Is gas actually connected? Yes When 12/1/85

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 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 10/16/85	Date Compl. Ready to Prod. 12/3/85	Total Depth 7460'	P.B.T.D. 7420'
Elevations (DF, RKB, RT, GR, etc.) 6789' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7150' KB	Tubing Depth 7111'
Perforations 7103 - 7366			Depth Casing Shoe 7460'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2"	8-5/8"	393'	250
7-7/8"	4-1/2"	7460'	1st stage: 550 sxs 2nd stage: 680 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 12/5/85	Date of Test 12/5/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 145	Casing Pressure 145	Choke Size
Actual Prod. During Test	Oil-Bbls. 67	Water-Bbls. 4	Gas-MCF 130

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.

DE Wood / RRF
(Signature)
DIVISION PRODUCTION MANAGER
(Title)
12/5/85
(Date)

OIL CONSERVATION DIVISION	
DEC 06 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 condition.	
Separate Forms C-104 must be filed for each pool in multiple completed wells.	