

## OIL CONSERVATION DIVISION

Revised 10-1-78

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 13 1985

OIL CON. DIV.

DIST. 3

TO BE FILLED BY OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL 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)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name APACHE	Well No. 146	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>2100'</u> Feet From The <u>North</u> Line and <u>1820</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>24N</u> Range <u>4W</u> , NMPM, <u>RIO ARRIBA</u> 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 24N	Sec. 4W
Is gas actually connected? Yes		When 12/11/85

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/1/85	Date Compl. Ready to Prod. 12/11/85		Total Depth 7445'		P.B.T.D. 7399'			
Elevations (DF, RKB, RT, GR, etc.) 6900' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7128'		Tubing Depth 6992.43'			
Perforations 7350', 48', 46', 44', 42', 40', 38', 7336', 7252', 50', 48', 46', 44', 42'					Depth Casing Shoe 7445'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		392' KB		270 sxs cmt			
7-7/8"	4-1/2"		7445' KB		1st stage: 600 sxs			
					2nd stage: 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 allowable for this depth or be for full 24 hours)

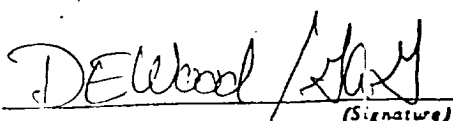
Date First New Oil Run To Tanks 12/11/85	Date of Test 12/11/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 150	Casing Pressure 800	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 80	Water - Bbls. 64	Gas - MCF 200

## 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

## 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)

12/12/85

(Date)

## OIL CONSERVATION DIVISION

APPROVED

DEC 13 1985

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 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