

DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

31471R  
30741R  
RECEIVED  
DEC 30 1985

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. 155	Pool Name, including Formation LINDRITH GALLUP-DAKOTA, WEST	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 127
Location Unit Letter <u>H</u> : <u>2710</u> Feet From The <u>North</u> Line and <u>510</u> Feet From The <u>East</u> Line of Section <u>3</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 <u>H</u> Sec <u>3</u> Twp. <u>24N</u> Rge. <u>4W</u>	Is gas actually connected? <u>Yes</u> When <u>12-26-85</u>

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 11/18/85	Date Compl. Ready to Prod.		Total Depth 7537'		P.B.T.D. 7491'			
Elevations (DF, RKB, RT, GR, etc.) 6863' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7161'		Tubing Depth 7144.43'			
Perforations 7447-7343' 7170-7307'					Depth Casing Shoe 7537'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		394'		270 sxs Class B			
7-7/8"	4-1/2"		7537'		1st 600 sxs cmt			
					2nd 600 sxs cmt			

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 12-26-85	Date of Test 12-26-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs,	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 182	Water-Bbls. 6	Gas-MCF 546

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.

DE [Signature]  
(Signature)  
DIVISION PRODUCTION MANAGER  
(Title)  
(Date)

OIL CONSERVATION DIVISION  
DEC 30 1985  
APPROVED \_\_\_\_\_  
BY Original Signed by FRANK J. CHAVEZ  
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 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 multiple completed wells.