

TO: DISTRICT OFFICE	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

RECEIVED

NOV 27 1985

OIL CON. DIV.
DIST. 3I. Operator
COTTON PETROLEUM CORPORATIONAddress
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. 158	Pool Name, Including Formation LINDRITH GALLUP-DAKOTA, WEST	Kind of Lease State, Federal or Fee FEDERAL	Lease 126
Location Unit Letter <u>D</u> : <u>400</u> Feet From The <u>North</u> Line and <u>700</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>24N</u> Range <u>4W</u> , NMPM, RIO ARriba Co				

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>D</u>	Sec. <u>11</u>	Twp. <u>24N</u>	Rge. <u>4W</u>	Is gas actually connected? Yes	When <u>11-27-85</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. F <input type="checkbox"/>
Date Spudded <u>10-13-85</u>	Date Compl. Ready to Prod. <u>11-27-85</u>		Total Depth <u>7454</u>		P.B.T.D. <u>7408</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6806-GR</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>7140 KB</u>		Tubing Depth <u>7427</u>			
Perforations <u>7162-7356</u>					Depth Casing Shoe <u>7454</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/2"</u>	<u>8-5/8"</u>		<u>393</u>		<u>240</u>			
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>7454</u>		<u>1st stage 600 sks</u>			
	<u>2 3/8"</u>		<u>7427</u>		<u>2nd stage 600 sks</u>			

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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>11-26-85</u>	Date of Test <u>11-26-85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24</u>	Tubing Pressure <u>145</u>	Casing Pressure <u>145</u>	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>70</u>	Water - Bbls. <u>5</u>	Gas - MCF <u>78</u>

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

DIVISION PRODUCTION MANAGER

11-26-85

(Date)

OIL CONSERVATION DIVISION

NOV 27 1985

APPROVED

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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of condi

Separate Forms C-104 must be filed for each pool in mul completed wells.

