P. O. BOX 2088 DISTRIBUTION SANTA FE, NEW MEXICO 87501 HIAFE FILE U.S.G.B. LAND OFFICE REQUEST FOR ALLOWABLE TRANSPORTER AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DEC 3 0 1985 OIL CON. DIV. 3045 PC DPERATOR PRORATION OFFICE Operator COTTON PETROLEUM CORPORATION DIST. 3 Acoress 750 Ptarmigan Place - 3773 Cherry Creek Drive North - Denver. Colorado 80209 Other (Please explain) keason(s) for filing (Check proper box) Change in Transporter of: Cil Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE. Kind of Lease Well No. Pool Name, Including Formation Lease No State, Federal or Fee FEDERAL 126 152 LINDRITH GALLUP-DAKOTA, WEST APACHE Location 610 2000' North West Feet From The Line and RIO ARRIBA 12 4W , NMPM, County 24N Range Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil XX P.O. BOX 256 - Farmington, NM 87499 GIANT REFINING COMPANY Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas XX or Dry Gas P.O. Box 1492 - El Paso, TX 79978 EL PASO NATURAL GAS When Rge. Sec. Is gas actually connected? Unit Twp. If well produces oil or liquids, give location of tanks. ! 24N ! 4W 12/23/85 Yes 12 E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res Workover Plug Back Gas Well New Well Deepen Oll Well Designate Type of Completion - (X) х Х P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded 12/23/85 7486' 7440' 11/4/85 Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 6815 GR 7015' 7104' Dakota Depth Casing Shoe Ferforations 7412-7304 7486' 7268-7115' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 275 sxs cmt 12-1/4" 8-5/8" 394 L 1st stage: 500 sxs 7486 7-7/8" 4-1/2" 2nd stage: 600 sxs V. TEST DATA AND REQUEST FOR ALLOWABLE
(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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Tes: Date First No w Oil Run To To 12/23/85 12/26/85 Flowing Choke Size Casing Pressure Tubing Pressure Length of Test hrs 400 1000 Gas-MCF си-вы. 120 Actual Prod. During Test 5 363 GAS WELL Bbis. Condensate/MMCF Gravity of Condensate Actual Frod. Test-MCF/D Length of Test Choke Size Coming Pressure (Shut-in) Tubing Pressure (Shnt-in) Testing Method (pitot, back pr.) OIL CONSERVATION DIVISION

BY.

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 1. July 1812

DIVISION PRODUCTION MANAGER

(Title)

(Dete)

This form is to be filed in compliance with RULE 1104.

If this is a sequest for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

Original Signed by FRANK T. CHAVEZ

DEC 30 1985

SUPERVISOR DISTRICT 朝 8

All sections of this form must be filled out completely for allow able on new and recompleted 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 condition Separate Forms C-104 murt be filed for each pool in multip