

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION
LAND & FE
FILE
U.S.G.A.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATION
OPERATION OFFICE

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

Form C-104
Revised 10-01-75
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Ladd Petroleum Corporation
Address
830 Denver Club Building, Denver, CO 80202

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	☐ Dry Gas
☐ Recompletion	☐ Oil	☒ Condensate
☐ Change in Ownership	☐ Gasless Gas	

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lindrith	29	Basin Dakota	State, Federal or Fee Federal	USA-NM-079161
Location	Unit Letter	Feet From The	Line and	Feet From The
	F	1450	North	1450
			West	
Line of Section	9	Township	26N	Range
			7W	N.M.P.M.
				Rio Arriba
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Company	☒	P.O. Box 9156, Phoenix, AZ 85068
Name of Authorized Transporter of Gasless Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	☒	P.O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of lease.	Unit	Sec.
	F	9
		26N
		7W
Is gas actually connected?	When	
YES	June 1963	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Denise R. Hindemanis
(Signature)

Senior Production Clerk
(Title)

November 9, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 21 1984
BY Frank J. [Signature]
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 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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Recv.	Diff. Recv.
Date Spudded	Date Complet. Ready to Prod.		Total Depth		P.B.T.D.				
Levels (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)			
Is First New Oil Run To Tanks	Date of Test	Producing Interval (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Bubl. Meter, etc.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size