NO. OF COPIES RECEIVED		5		
DISTRIBUTION				
SANTA FE		1		
FILE		/		
U.S.G.S.		<u> </u>		
LAND OFFICE				
TRANSPORTER	OIL	7		
	GAS	1		
OPERATOR				
PRORATION OFFICE				
Operator				

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	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104		
1	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE / AND					
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (GAS		
	LAND OFFICE	1				
	TRANSPORTER OIL /	_				
	GAS /	_				
	OPERATOR /	1				
I.	PRORATION OFFICE	<u> </u>				
	Operator Comp			The second second		
	Ladd Petroleum Corp	ora -ton				
	Address	- Derver Colorado 80	202	1 713 -		
	830 Denver Club Bld	6.,	Other (Please explain)			
	Reason(s) for filing (Check proper box	/ Change in Transporter of:	Omer (Presse explain)	Name of the second		
	New We!1	· — -	,	2000		
	Recompletion X	Oil Dry Gar Casinghead Gas Conden	<u> </u>	Section 1		
	Change in Ownership X	Casinghead Gas	is and the second secon			
	If change of ownership give name	McCilloch Oil Corporatio	n 924 Vaughn Bldg. Mi	dland, Texas 79701		
	and address of previous owner	Med 1116en off corporatio	in, 724 vaugini bluge, 12			
		* ELACE				
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Leas	e Lease No.		
	Lindrith	19 Basin D	1	or Fee Federal SF 079161		
	Location					
		O Feet From The North Lin	ne and 990 Feet From	The East		
	Unit Letter A ; 99	Feet From The Lin	re drid			
	tine of Section 9	wnship 26N Range	7W , NMPM,	Rio Arriba County		
	Line of Section 9 To	Wilsin				
	DEGLES ATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs			
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)		
	Inland Corporation	_	P. O. Box 1528, Farmi	ngton, New Mexico		
	Name of Authorized Transporter of Ca	singh and Gas or Dry Gas 🛣	Address (Give address to which appro	oved copy of this form is to be sent)		
	El Paso Natural Gas C		P. O. Box 1161, Farmin	gton, New Mexico		
		Unit Sec. Twp. Rge.		nen		
	If well produces oil or liquids, give location of tanks.	A 9 26N 7W	Yes	12/18/62		
		_ 	nine commingling order number	None		
	If this production is commingled wi	ith that from any other lease or pool,	give comminging order number.	Tone		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on = (X)				
	Date Spudded	Da e Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date opiaado					
	Elevations (DF, RKB, RT, GR, etc.)	Na ne of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	, , , , , , , , , , , , , , , , , , , ,					
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AN	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
87	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oi	l and must be equal to or exceed top allow:		
٧.	OIL WELL	able for this de	epth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ift, etc.)		
				Objects Stage		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oi -Bbls.	Water - Bbls.	Gas - MCF		
	I					
	GAS WELL					
	Actual Prod. Test-MCF/D	Leigth of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	CERTIFICATE OF COMPLIAN	ICF	OIL CONSERV	ATION COMMISSION		
VI	CERTIFICATE OF COMPLIAN	ICE		FEB 1 0 1970		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED, 19			
			Original Staned by Emery C. Arnold			
above is true and complete to the best of my knowledge and belief.		BY				
			By Original Signed by Emery C. Arnold SUPERVISOR DIST. #8			
			11166			
	ID.	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviation of				
	ZIDwel					
			tests taken on the well in acc	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	Vice Presid	ent	All sections of this form			
	(1	itle)	shie on new and recompleted t			
	February 5, 1970		Trees Apply Sections I	I must be a subsect to the and VI for changes of owner,		
			well name or number, or transporter, or other such change of conditions Secrete Forms C-104 must be filed for each pool in multiply			
[Date /			II Ferente Horms Califf Mi	"=" DE 17109 (A) A=A() baas ()		

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.