

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator
Amax Oil & Gas Inc.

Well API No.
300392338200S1

Address
P.O. Box 42806, Houston, TX 77042

Reason(s) for Filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Operator ☒

Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Other (Please explain)

Dry Gas ☐
Condensate ☐

If change of operator give name
and address of previous operator

Ladd Petroleum Corp., 370 17th St., Ste. 1700, Denver, CO 80202-5617

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Lindrith

Well No.
19E

Pool Name, including Formation
Basin Dakota

Kind of Lease
State, Federal or Fee

Lease No.
USA-NM-079161

Location
Unit Letter I : 1650 Feet From The South Line and 1190 Feet From The East Line
Section 9 Township 26N Range 7W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Gary Williams Energy Corp.

Address (Give address to which approved copy of this form is to be sent)
370 17th St., Ste. 5300, Denver, CO 80202

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Company

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 I
Sec. 9
Twp. 26N
Rge. 7W

Is gas actually connected?
Yes

When?
August, 1984

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

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v

Diff Res'v

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.D.T.D.

Elevations (DF, RKB, RF, GR, 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

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 Tank

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas - MCF

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. OPERATOR 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.

Sherry Vasek

Sherry Vasek

Prod. Analyst

6/21/91

(713)978-7700

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

AUG 12 1991

By

Supervisor

Title

SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.