

APPROPRIATE		
FILE		
U.S.O.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
OPERATION OFFICE		
OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-105
Effective 1-1-65

Company: Ladd Petroleum Corporation

Address: 830 Denver Club Bldg, Denver, CO 80202

Reason(s) for filing (Check proper box):
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Gas ☐ Condensate ☒
Change in Ownership ☐ Other (Please explain):

Change of ownership give name and address of previous owner:

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Knauff "B"	1-E	Basin Dakota	State, Federal or XXX	---

Section: Unit Letter N : 820 Feet From The S Line and 1660 Feet From The W

Line of Section 31 Township 28N Range 10W, NMPM, San Juan County

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	Security Life Bldg., Suite 1230, 1616 Glenarm Pl
Name of Authorized Transporter of Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co. SUG	Denver, CO 80202 P.O. Box 1592, El Paso, TX 79909

Well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

THIS PRODUCTION IS COMMINGLED WITH THAT FROM ANY OTHER LEASE OR POOL, GIVE COMMINGLING ORDER NUMBER:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Dist. Reservoir
Date Spurred	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Perforations (DF, FKB, RT, 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

TEST DATA AND REQUEST FOR ALLOWABLE (Text 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)

TEST WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

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

CERTIFICATE OF COMPLIANCE

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

Signature: William K. Stutz
Production Engineer

OIL CONSERVATION COMMISSION

APPROVED: _____, 19____

BY: _____

TITLE: _____

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 deviate tests taken on the well in accordance with Rule 1110.

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 IV for changes of rate.