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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	3
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Lakeland Petroleum Corporation	
Address P. O. Box 3313, Durango, Colorado	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☒

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

Lease Name Hedges	Well No. 1	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Fee
Location Unit Letter I ; 1700 Feet From The South Line and 1130 Feet From The East Line of Section 23 , Township 31 North Range 12 West , NMPM, Elev. 6079 GL; San Juan County			

Name of Authorized Transporter of Oil ☐ or Condensate ☒ New Mexico Tankers, Inc.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 2151, Farmington, New Mexico	
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 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 23	Twp. 31 N
		Rge. 12 W	Is gas actually connected? Yes

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

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.B.T.D.		
Pool		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				

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

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED MAR 31 1965 Original Signed By _____, 19____ BY A. R. KENDRICK TITLE PETROLEUM ENGINEER DIST. NO. 3	
Original Signed by Harry J. Miller Supt. March 29, 1965		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 Sections I, II, III, and VI only 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.	