	DISTRIBUTION SANTA FE	NEW MEXICO OIL C	Form C-104 Supersedes Old C-104 and C-110					
	U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS /	AUTHORIZATION TO TRA	Effective 1-1-65					
1	OPERATOR , PRORATION OFFICE			FEB 10 1970				
	Operator Ladd Petroleum Con	rporation		OIL CON. COM.				
	830 Denver Club B. Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership X If change of ownership give name	Change in Transporter of: Oil Dry Go Casinghead Gas Conde	Other (Please explain)					
	and address of previous owner DESCRIPTION OF WELL AND 1	_	ion, 924 Vaughn Bldg.,	Midland, Texas 79701				
11.	Lease Name	Well No. Pool Name, Including F		ease Lease No. deral or Fee Federal SF 079161				
	Lindrith Location Unit Letter H ; 1650			rom The <u>Rast</u>				
	Line of Section 10 Township 26N Range 7W , NMPM, Rio Arriba County							
	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oll Inland Corporation Name of Authorized Transporter of Cas El Paso Natural Gas Con	or Condensate X	P. O. Box 1528, Far Address (Give address to which a P. O. Box 1161, Far	mington. New Mexico pproved copy of this form is to be sent; mington. New Mexico pproved copy of this form is to be sent; mington. New Mexico . When				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. H 10 26N 7W	Is gas actually connected?	4/11/62				
	If this production is commingled wit COMPLETION DATA			None Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completion	on - (X) Gas Well	New Well Workover Deeper	Plug Back Same Resv. Dill. Resv.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations Depth Casing Shoe							
	TUBING, CASING, AND CEMENTING RECORD CASING & TURING SIZE DEPTH SET SACKS CEMENT SACKS CEMENT							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	57.5.1.5				
v.	TEST DATA AND REQUEST FOR ALLOWABLE (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)							
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				

VI. 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.

1 Dharet	L.	Ε.	Barrett	
(Signature,)			
Vice President				
(Title)				

February 5, 1970

This form is to be filed in compliance with RULE 1104.

By Original Staned by Emery C. Arnold

OIL CONSERVATION COMMISSION

APPROVED_

TITLE .

FEB 1 0 1970

SUPERVISOR DIST, #8

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.