

SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Form O-104
Supersedes Old O-104 and O-105
Effective 1-1-85

Operator 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 ☐ Casinghead Gas ☐ Condensate ☒
Re-completion ☐	
Change in Ownership ☐	Other (Please explain)
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE			
Lease Name Lindrith	Well No. 110	Pool Name, including Formation Basin Dakota	Kind of Lease XXX, Federal or XXX
			Lease No. SF 079161
Location			
Unit Letter H	1650	Feet From The N	Line and 820
Line of Section 10		Township 26N	Range 7W
		NMPM, Rio Arriba	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, 1516 Glenarm Pl Denver, CO 80202		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co.	P.O. Box 1592, El Paso, TX 79999		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
			Is gas actually connected? When

If 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	Diff. Reservoir	
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.			
Elevations (OF, RKB, 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

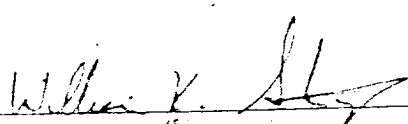
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To 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

GAS WELL			
Actual Prod. Feet-MCF/D	Length of Test	Est. Condensate MCF	Gravity of Condensate
Testing Method (flow, back prod)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	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.


Production Engineer
(Title)
6/10/81

OIL CONSERVATION COMMISSION	
APPROVED	MAY 20 1980
BY	Original Signed by FRANK T. CHAVEZ
TITLE	

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections 1, 11, 12, and 13 for changes of owner.