

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
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OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Ladd Petroleum Corporation

370 17th Street, Suite 1700, Denver, CO 80202

Reasons for filing (Check proper box)

☐ New Well

☐ Recompletion

☐ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Condensate Gas

☐ Dry Gas

☒ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name <u>Lindrith</u>	Well No. <u>110</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>USA-NF 079161</u>
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>820</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>26N</u> Range <u>7W</u> N.M.P.M. <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>The Mancos Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1320, Farmington, NM 87499</u>
Name of Authorized Transporter of Condensate Gas <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>10</u> Twp. <u>26N</u> Rng. <u>7W</u>	Is gas actually connected? <u>YES</u> When <u>October 1961</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Dennis R. Lindemann
(Signature)

Senior Production Clerk

8-5-86
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 11 1986
BY [Signature]
TITLE SUPERVISOR DISTRICT #3

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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Seal	Some Reov.	Full Reov.
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.S.		
Elevations (D.F., R.K.B., RT, CR, etc.,)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Particulars							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		

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 10% allowable for 1440 days 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. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Bubbl, back pr.,)	Tubing Pressure (Stem-Lb)	Casing Pressure (Stem-Lb)	Choke Size