

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
AUG 11 1986
OIL CON. DIV
DIST. 3

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OIL CON. DIV
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Ladd Petroleum Corporation

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

Reason(s) 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 Lindrith	Well No. 13	Pool Name, including Formation Largo Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. USA-NM-079161
Location Unit Letter K	1820	Foot From The South	Line and 1820	Foot From The West
Line of Section 3	Township 26N	Range 7W	County Rio Arriba	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil The Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Farmington, NM 87499
Name of Authorized Transporter of Condensate 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, NM 87499
If well produces oil or liquids, give location of lease. Unit K	Sec. 3
26N	7W
Is gas actually collected?	YES
When	April 1962

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.

IV. 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.

Denise R. Lindemanis
(Signature)

Senior Production Clerk

8-5-86
(Date)

OIL CONSERVATION DIVISION

APPROVED *[Signature]* 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 Zone	Some Rec'y.	Full Rec'y.
Date Spudded	Date Complet. Ready to Prod.		Total Depth		P.A.T.C.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

WELL SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of liquid oil and must be equal to or exceed test allowable for 1440 days or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Interval (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 Interval (Start, end, etc.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Owner: Ladd Petroleum Corporation
Address: 370 17th Street, Suite 1700, Denver, CO 80202
Reasons for filing (Check proper box):
☐ New Well
☐ Recombination
☐ 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: _____

I. DESCRIPTION OF WELL AND LEASE

Well Name: Lindrith Well No.: 13 Pool Name, including Formation: Basin Dakota Kind of Lease: Federal Lease No.: USA-NM-079161
Location: Unit Letter K 1820 Feet From The South Line and 1820 Feet From The West Line of Section 3 Township 26N Range 7W N.M.P.M. Rio Arriba County
Line of Section 3 Township 26N Range 7W N.M.P.M. Rio Arriba County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil The Mancos Corporation Address (Give address to which approved copy of this form is to be sent) P.O. box 1320, Farmington, NM 87499
Name of Authorized Transporter of Condensate 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, NM 87499
Is well producing oil or leases. Unit 3 26N 7W Is gas actually collected? YES When April 1962
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.

III. 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.

Doris R. Lindemanis
(Signature)
Senior Production Clerk
(Title)
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.
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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	Same Reelv.	Oil Reelv.
Date Drilled	Date Cased. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, CR, 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				

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 1448 depth or be for full 24 hours)

OIL 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	Cases Size
Actual Pres. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Pres. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (BMAC, back pr.)	Tubing Pressure (Stem-LS)	Casing Pressure (Stem-LS)	Cases Size