Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos I	Rd., Aziec, NM	87410
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I.	REQUES	T FOR ALLOW	ABLE AND AUTHORIZA	ATION
Operator	10	THANSPORT (OIL AND NATURAL GAS	
LADD PETROLEUM CORPORATION			Well API No.	
Address			300392291500S1	
370 17th Street, S Reason(s) for Filing (Check proper	uite 1700, De	nver, CO 802	202-5617	
New Well	oox)		Other (Please explain)	
Recompletion	Char Oil	ige in Transporter of:	ר	
Change in Operator	Casinghead Gas	Dry Gas Condensate	J 3	
If change of operator give name and address of previous operator			<u> </u>	
II. DESCRIPTION OF WE				
Lindrith	1	1 1 RE TO THE TOTAL TOTA		Kind of Lease Lease No.
Location		Basin	Dakota	State, Federal or Fee USA-NM-07916
Unit LetterO	. 838	_	0	
	:	Feet From The _	South Line and 1756	Feet From The East Line
Section 3 Tov	wnship 26N	Range 7W	, NMPM. Rio A	Arriba County
III DESIGNATION OF TO			1010 1	Arriba County
III. DESIGNATION OF TR	CANSPORTER OF	FOIL AND NAT	URAL GAS	
GARY WILLIAMS ENERG	GY CORP.	\(\text{X}\)	Address (Give address to which a	approved copy of this form is to be sent)
Name of Authorized Transporter of C	Casinghead Gas	or Dry Gas X	P.O. BOX 159, BLO	JOMFIELD, NM 87413
EL PASO NATURAL GAS	S COMPANY		P.O. BOX 990, FAI	approved copy of this form is to be sent) RMINGTON, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge	e. Is gas actually connected?	When ?
	<u> </u>	26N 7W	YES	October 1982
If this production is commingled with IV. COMPLETION DATA	utat from any other least	or pool, give commin	gling order number:	
	. Oil V	Vell Gas Well		
Designate Type of Complete	ion - (X)	Tell Oak Well	New Weil Workover D	eepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Read	y to Prod.	Total Depth	777
Elevations (DF, RKB, RT, GR, etc.)			•	P.B.T.D.
Elevations (DP, RRB, RI, GR, elc.)	Name of Producing	Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			<u> </u>	
				Depth Casing Shoe
	TUBIN	G, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET	SACKS CEMENT
				SHORE CEMENT
V. TEST DATA AND REQU	EST FOR ALLOY	VABLE		
OIL WELL (Test must be after Date First New Oil Run To Tank	er recovery of total volue	ne of load oil and musi	t be equal to or exceed top allowable	for this depth on he for full 24st 350 . 18 9 .
Date Pirst New Oil Run to lank	Date of Test		Producing Method (Flow, pump, go	as week P P 15
Length of Test	Tubing Pressure			DIEAF
	I doing Fressure		Casing Pressure	Choke Size 0 5 1990
Actual Prod. During Test	Oil - Bbls.		Water - Bbis	SEP 0 5 1990
			Water - Bolk	Gas-MCF CON. T
GAS WELL			<u> </u>	OIL COST.
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF	(Dia .
Testing Method (pitot, back pr.)				Gravity of Condensate
sensing revenued (publ., back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure (Shut-in)	Choke Size
VI OPERATOR CERTIFIC	CATE OF CO.			
VI. OPERATOR CERTIFI	ICATE OF COM	PLIANCE	011 001105	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the beautiful to the beaut		OIL CONSE	RVATION DIVISION	
is true and complete to the best of m	ly knowledge and belief.			SEP 0 5 1990
m. 11 1	\sim		Date Approved	
Signature Signature	Proun			\sim
MICHAEL D. BROWN		Mid-Cont.	By	out ? Chang
Printed Name		Title Region-	St	JPERVISOR DISTRICT 13
Date Date	(303) <u>620-010</u> (<u>Western Ar</u>	Title	
	Te	elephone No.	11	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.