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OIL CON. DIV
DIST. 3

Form C-104
Revised 10-01-79
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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

☐ 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lindrith	19E	Basin Dakota	State, Federal or Fee	USA-NM-
Location				079161
Unit Letter	I	1650 Feet From The	South Line and	1190 Feet From The
Line of Section	9	Township	26N	Range
			7W	N.M.P.M.
				Rio Arriba
				County

III. 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)
The Mancos Corporation	☒	P.O. Box 1320, Farmington, NM 87499
Name of Authorized Transporter of Condensate Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	☒	P.O. Box 990, Farmington, NM 87499
Unit produced oil or liquids.	Unit	Sec.
Give location of lease.	I	9
		26N
		7W
		YES
		August 1984

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.

Denise R. Lindeman
(Signature)

Senior Production Clerk

8-5-86
(Date)

OIL CONSERVATION DIVISION

APPROVED

AUG 11 1986

BY

SUPERVISOR DISTRICT #3

TITLE

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 Resrv.	Full Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.A.T.D.			
Direction (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 lost oil and must be equal to or exceed 10% allowable for this depth or be for full 36 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
Producing Method (BLOW, GAS PR.)	Tubing Pressure (SHUT-IN)	Casing Pressure (SHUT-IN)	Choke Size