

DATE		
FILE		
NO. OF COPIES		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-104
Supersedes Old C-104 and C-202
Effective 1-1-65

Ladd Petroleum Corporation	
830 Denver Club Bldg, Denver, CO 80202	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☒
Change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE			
Well Name	Well No.	Pool Name, including Formation	Kind of Lease
Lindrith	24	Basin Dakota	XXXe, Federal or XXX
			Lease No.
			SF 079161
Unit Letter	F	1450 Feet From The	N
		Line and	1750 Feet From The
Line of Section	4	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, 1616 Glenarm Pl		
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		
Well produces oil or liquids, give location of tanks.	Unit	Sec.	Top.
Is gas actually connected?	When		

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 Resrv.	Drill Resrv.		
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.E.T.D.			
Leakage (DF, RKE, 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

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 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. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity or Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		MAY 20 1981	
APPROVED _____		BY _____	
BY _____		SUPERVISOR DISTRICT #3	
TITLE _____		This form is to be filed in compliance with RULE 1104.	
Production Engineer		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.	
5/12/81		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 or lease, and Sections VII and VIII for changes of completion.	