

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

RECEIVED

AUG 11 1986

OIL CON. DIV.
DIST. 3

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

Form C-104
Revised 10-01-78
Format 28-01-83
Page 1 of 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO: (Check one)	
DISTRIBUTION	
TO: (Check one)	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

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
☐ Gas
☒ Condensate
 Other (Please explain):

If change of ownership give name and address of previous owner:

DESCRIPTION OF WELL AND LEASE
 Well Name: Lindrith
 Well No.: 24
 Pool Name, including Formation: Largo Gallup
 Kind of Lease: Federal
 Lease No.: USA-NM-079161
 Unit Letter: F
 1450 Feet From The North
 Line and 1750 Feet From The West
 Line of Section: 4
 Township: 26N
 Range: 7W
 N.M.P.M.
 Rio Arriba County

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 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
 Well produces oil or liquids: ☐ Unit: F Sec: 4 Twp: 26N Range: 7W
 Is gas actually connected? YES
 When: April 1963
 Has production been commingled with that from any other lease or pool. Give commingling order number:

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

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

(Date)
8-5-86

OIL CONSERVATION DIVISION

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

This form is to be filed in compliance with RULE 1102.
 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 Back	Same Resrv.	Oil Resrv.
Date Spudded	Date Complet. Ready to Prod.			Total Depth			P.S.T.D.				
Elevations (D.F., R.K.B., 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 usual volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

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 (Bbls. gas ft.)	Tubing Pressure (Static-Lb)	Casing Pressure (Static-Lb)	Choke Size

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OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Form 105-01-43
Page 1

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

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

Lindrith

Well No.

24

Pool Name, including Formation

Basin Dakota

Kind of Lease

State, Federal or Foreign Federal

Lease No.

USA-NM
079161

Unit Later

F

1450

Feet From The

North

Line and

1750

Feet From The

West

Line of Section

4

Township

26N

Range

7W

NMPLM

Rio Arriba

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

☒

The Mancos Corporation

Name of Authorized Transporter of Gas

or Dry Gas

☒

El Paso Natural Gas Company

Address (Give address in which approved copy of this form is to be sent)
P.O. Box 1320, Farmington, NM 87499

Address (Give address in which approved copy of this form is to be sent)
P.O. Box 990, Farmington, NM 87499

Well produces oil or liquids,
no location of lease.

Unit

F

Sec.

4

Twp.

26N

Req.

7W

Is gas actually collected?

YES

When

May 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.

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.

Danisi R. Lindemanis
(Signature)

Senior Production Clerk

8-5-86
(Date)

OIL CONSERVATION DIVISION

APPROVED

AUG 11, 1986

BY

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 allow-
able 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 Rekey CILL Rekey

Date Spudded	Date Complet. Ready to Prod.	Total Depth	P.A.T.C.
Location (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Cement Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE 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 lost 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 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 (flow, pump, etc.)	Tubing Pressure (SRUB-LS)	Casing Pressure (SRUB-LS)	Choke Size