ſ	NO. OF COPIES RECEIVED			1	
ŀ	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104	
Ì	SANTA FE /	_	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE /	, KEGOEST I	AND	Effective 1-1-65	
1	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GA		
ı	LAND OFFICE	AUTHORIZATION TO TRAI	NO ON TOLE AND MATORAL OF		
ľ	OIL /				
	TRANSPORTER GAS /			gr ^{oti} .	
	OPERATOR /				
	PRORATION OFFICE			Total Control of the	
1.	Operator				
	Ladd Petroleum C	orpora tio n		On component	
	Address			(OIL OISHI (OSMI)	
	830 Denver Club	Bldg, Denver, Colorado	80202	DIST. 3	
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Gas			
	Change in Ownership X	Casinghead Gas Condens	sate		
	Citalige III Owner 2017				
	If change of ownership give name and address of previous owner	McCulloch Oil Corporation	n, 924 Vaughn Bldg., Midl	and, Texas 79701	
•••	Lease Name	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.	
	Kutz	1 Basin	Dakota State, Federal	Federal SF 078099-D	
	Location			J. J	
	Unit Letter A; 950	Feet From The North Line	and 990 Feet From Th	re <u>Fast</u>	
			3W , NMPM,	San Juan County	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which approve	d core of this form is to be sent)	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	a copy of this form is to be sent)	
	Inland Corporation		P.O. Box 1528 Fermingt. Address (Give address to which approve	on. New Mexico 87401	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 😿	Address (Give address to which approve	ed copy of this form is to be sent)	
	El Paso Natural Gas Co		P.O. Box 1161 Farming ton, New Mexico Is gas actually connected?		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wher	, -	
	give location of tanks.	A 23 27N 13W	Yes	11/3/61	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	None	
	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Resv. Din. Resv.	
	Designate Type of Completio				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				Tubles Double	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations			Depth Cusing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
				CACKE CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	EST 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)				
	OIL WELL	table joi thin de	Producing Method (Flow, pump, gas lift	. etc.)	
	Date First New Oil Run To Tanks	Date of Test	producing Method (1 100, pump, 200 10)	,,	
		Market Property	Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Capital Lippania		
		20. 521-	Water - Bbls.	Gas - MCF	
	Actual Prod. During Test	Oil-Bbls.	nater - Bute.		
	GAS WELL		Thus Condenses ANCE	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	GIATITY OF CONGENERALE	
			Contra December (Shub-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	CHORD SIZE	

VI. CERTIFICATE OF COMPLIANCE

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.

L Barrett	L.E.	Barrett		
(Signature)				
Vice Presiden	<u>t</u>			
(Title))			

February 5, 1970

OIL CONSERVATION COMMISSION

FEB 1 0 1970 APPROVED_ By Original Signed by Emery C. Arnold SUPERVISOR DIST. #

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.