DISTRIBUTION		
FILE		$\Box I$
U.S.G.S. LAND OFFICE		
GAS	1	
OPERATOR PRORATION OFFICE		

;	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST I	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL O	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
1.	IRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE OPERATOR						
	LADD PETROLEUM CORPOR	ATION					
	830 Denver Club Build Reason(s) for filing (Check proper box) New Well Recompletion	Change in Transporter of: Oil Dry Gas	≓ 1				
If change of ownership give name and address of previous owner LVO CORPORATION, P. O. Box 2848, Tulsa, Oklahoma 74101							
11.	Lease Name	Well No. Pool Name, Including Formation Kind of Lease Le					
Location							
	Unit Letter A : 1190 Feet From The N Line and 1190 Feet From The E						
Line of Section 13 Township 27N Range 10W , NMPM, San Juan Co							
III.	ved copy of this form is to be sent)						
	Plateau, Inc Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🛣	Box 108, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)				
	Southern Union Gather If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Box 388, Bloomfield, Ne Is gas actually connected?	en			
	If well produces oil or liquids, and the following state of the production of tanks. A 13 27N 10W Yes 4-58 If this production is commingled with that from any other lease or pool, give commingling order number:						
IV.	COMPLETION DATA	Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
		Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Florating Value		Depth Casing Shoe			
	Perforations						
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT			
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gam - MCF			
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION			
and regulations of the Oil Conservation		APPROVED	DEC 2 19/4				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY Original Signed by Every C. Arnold SUPERVISOR DIST. AT				
			This form is to be filed in compliance with RULE 1104.				
	, -	Division Engineer	If this is a request for allo well, this form must be accomp	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 form must be filled.			
	Larry T. Byrd Tulsa Division Engineer (Title)		able on new and recompleted were.				
	November 19, 1974	ute)	Fill out only Sections I. II. III. such change of condition. well name or number, or transporter, or other such change of condition.				