

DISTRIBUTION	
SANTA FE	
FILE	
DIS. C.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-222
Effective 1-1-85

Operator Ladd Petroleum Corporation	
Address 830 Denver Club Bldg, Denver, CO 80202	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Re-completion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☒

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Knauff	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease XXXX Federal XXXX	Lease No. A13-27-10
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 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 SU G	Denver, CO 80202					
El Paso Natural Gas Co SU G	P.O. Box 1592, El Paso, TX 79909					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If 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 Resv.	Outl. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., A.B.E., R.T., G.R., etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Remarks					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(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
Barrels Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Barrels Prod. Test - MCF/D	Length of Test	Bbls. Condensate / MCF	Gravity of Condensate
Testing Method (shot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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.

Production Engineer

OIL CONSERVATION COMMISSION

APPROVED MAY 20 1981, 19
BY Original [Signature]
SUPERVISOR DISTRICT #1

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 deviate tests taken on the well in accordance with RULE 1101.
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 ownership, name, number, or transporter or other such change of conditions.