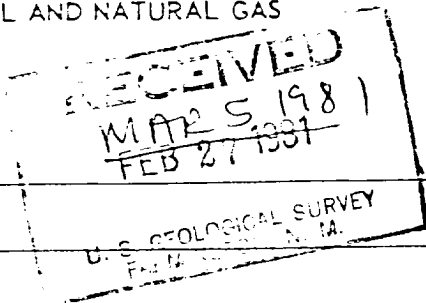


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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-110
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 <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain)

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

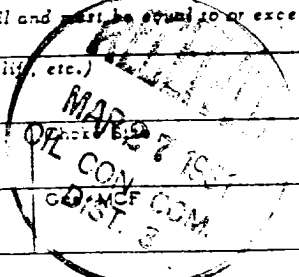
DESCRIPTION OF WELL AND LEASE	
Lease Name U.S. Argo	Well No. Pool Name, including Formation 1-E Dakota
Kind of Lease State, Federal or Fee	Federal
Lease No.	
Location	
Unit Letter	N : 800 Feet From The south Line and 1800 Feet From The west
Line of Section	18 Township 27N Range 10W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc	Security Life Bldg. Suite 1230, 16th & Alameda Pl. Box 108, Farmington, N.M. - 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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
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 Restv. Diff. Restv.
	X X
Date Spudded 11/13/80	Date Compl. Ready to Prod. 2/01/81
Total Depth 6500'	P.B.T.D. 6416'
Elevations (DF, RKB, RT, GR, etc.) 5903 GR	Name of Producing Formation Dakota
Top Oil/Gas Pay 6167	Tubing Depth 6212'
Perforations 6175' - 6261'	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
12-1/4"	8-5/8"
7-7/8"	4-1/2"
DEPTH SET	SACKS CEMENT
266'	225
6500'	1915

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	
Actual Prod. During Test	Oil-Bbls.
Water-Bbls.	



GAS WELL	
Actual Prod. Test-MCF/D 1484	Length of Test 3 hrs.
Bbls. Condensate/MMCF 5	Gravity of Condensate 50
Testing Method (prior, back pr.) Back pressure	Tubing Pressure (Shut-in) 970
Casing Pressure (Shut-in) 1570	Choke Size 3/4"

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.	
(Signature) Production Engineer	
(Title)	
February 23, 1981	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED JUN 11 1981, 19	
BY Original Signed by FRANK T. CHAVEZ	
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 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 multiple completed wells.	