

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
OPERATOR	GAS
PERMITS OFFICE	

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

Form C-104
Revised 10-01-78
Formal 28-01-83

RECEIVED
AUG 11 1986
OIL CON. DIV
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Ladd Petroleum Corporation

Address

370 17th Street, Suite 1700, Denver, CO 80202

Reasons for filing (Check proper box)

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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name <u>Knauff</u>	Well No. <u>1E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM0764</u>
Location Unit Letter <u>P</u> <u>1000</u> Feet From The <u>South</u> Line and <u>640</u> Feet From The <u>East</u>	Line of Section <u>13</u>	Township <u>27N</u>	Range <u>10W</u>	County <u>San Juan</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>The Mancos Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1320, Farmington, NM 87499</u>
Name of Authorized Transporter of Gas <u>Southern Union Gathering Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>First International Building, Dallas, TX 75720</u>
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>13</u> Twp. <u>27N</u> Rng. <u>10W</u>	Is gas actually collected? <u>YES</u> when <u>November 1980</u>

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.

VI. 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.

Annie R. Lindemann
(Signature)
Senior Production Clerk
8-5-86
(Date)

OIL CONSERVATION DIVISION
APPROVED AUG 11 1986
BY Frank J. Davis
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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Well	Same Accty.	Diff. Accty.
Date Spudded	Date Comm. Ready to Prod.	Total Depth			P. & T.D.				
Levels (DF, RKB, 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 OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed 100 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
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 method (Baker, sand pt.)	Tubing Pressure (Stem-Is)	Casing Pressure (Stem-Is)	Choke Size

