								1	
(NO. OF COPIES RECEIVED	5							
	DISTRIBUTION		N	EW MEXICO OIL	CONSERVAT	FION COMMI	SSION	Form C-104	
	SANTA FE				FOR ALL			Supersedes (Effective 1-1	
	FILE				AND			Litetive !	UJ
	U.S.G.S.		AUTHORI	ZATION TO TR	!ANSPORT	OIL AND N	IATURAL GAS		
	LAND OFFICE								
	TRANSPORTER OIL GAS	//						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	OPERATOR	/							
ı.	PRORATION OFFICE							/	
••	Operator							FED 1	٠,
	Ladd Petrol	eum Corp	oration						
	Address							VOIL CON	
	Reason(s) for filing (Check	Club Bld proper box)	g., Denver	ansporter of:	_ 80202	Other (Please	explain)	DIST.	3
	Recompletion		OII	Dry	77				
	Change in Ownership		Casinghead (Gas Cond	iensate				
11.	If change of ownership give and address of previous of DESCRIPTION OF WE	wner <u>11C</u>	FACE	11 Corporate		Vaughn B	Kind of Lease State, Federal or		7 9731
	SW Mounds Hom			- Basin Da	rkota		L.,,		SW
	Location					700	Feet From The	Work	5 M
	Unit Letter	_;8 7 3	Feet From	The Rorth	_ine and	<i>19</i> U	reet riom rne	7636	
		Taum.	ship 29N	Range	14W	, NMPM	١, ٥	an Juan —	
	Line of Section 2	1 OWN	ship 29N						
111	. DESIGNATION OF TR	ANSPORTI	er of oil A	ND NATURAL	GAS Address (Give address	to which approved	copy of this form	is to be
	Inland Corporati			or Dry Gas	Address 9	GBOXIIILES	किकामिल प्रमुक्त संदर्ध	esp, of this soim	हिन्दि

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.

Vice President

February 5 1970

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Tubing Pressure (Shut-in)

IV.

Supersedes Old C-104 and C-110 Effective 1-1-65

Lease No. B 11242 SW-85

County

Choke Size

SUPERVISOR DIST. #8

FEB 1 0 1970

OIL CONSERVATION COMMISSION

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.

By Original Signed by Emery C. Arnold

DESIGNATION OF TRANSPOR	• 🙀	Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)					
Inland Corporation Name of Authorized Transporter of C	ry Gas 🏋						
Til Day Mahamal Can Co							
El Paso Natural Gas Go If well produces oil or liquids,	p. Rge.	is day actually connected;					
give location of tanks.		29N 14W	<u> </u>	Yes		1/11/63	
this production is commingled v	with that from any other	lease or pool,	give commi	ngling order	number:	None	
this production is commingted v						Plua Back Same Res'v. Diff. Res	
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Same Res V. Ditt Nos	
Designate Type of Complet	ion - (X)	i	1	1	1		
Date Spudded	Date Compl. Berdy to Prod.			h		P.B.T.D.	
Date Spudsed							
Flaurations (DE RKR RT CR etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.,		}					
					Depth Casing Shoe		
Perforations							
	=1101110	CASING AN	D CEMENT	NG RECOR	D		
	TUBING, CASING, AN			DEPTH SE		SACKS CEMENT	
HOLE SIZE	CASING & TUE	ING SIZE	32.11.3				
							
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 all able for this depth or be for full 24 hours)							
Date First New Oi. Run To Tanks Date of Test			Producing Method (Flow, pump, gas lift, etc.)				
Date First New Oil Hair 10 1 diag							
	Tubing Pressure	Casing Pressure			Choke Size		
Length of Test	1 dbing 1 ions						
			Water - Bb	18.		Gas - MCF	
	OII-BDIS.	Oil-Bbls.					
Actual Prod. During Test							
Actual Prod. During Test							
						Complete of Condensate	
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Con	odensate/MMC	F	Gravity of Condensate	

Casing Pressure (Shut-in)

APPROVED_

TITLE _