Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89 at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III					
1000 Rio I	312 206	Rd.,	Алес,	NM	87410

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. LADD PETROLEUM CORPORATION 300450914100S1 370 17th Street, Suite 1700, Denver, CO 80202-5617 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate X If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Federal "A" Basin Dakota State, Federal or Fee Location SF078213 Unit Letter 990 Feet From The South Line and 1190 _ Feet From The __West Township 30N Range 13W , NMPM, San Juan County III. 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) $\square X$ GARY WILLIAMS ENERGY CORP P.O. BOX 159, BLOOMFIELD, NM 87413 Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] Address (Give address to which approved copy of this form is to be sent)
P.O. Box 26400, Albuquerque, NM 87125 Southern Union Gathering If well produces oil or liquids, Unit Sec. Twp Rge. Is gas actually connected? give location of tanks. When ? Μ 25 30N 113W YES If this production is commingled with that from any other lease or pool, give commingling order number: December, 1960 IV. COMPLETION DATA Oil Well Gas Well New Weil | Workover Designate Type of Completion - (X) Deepen | Plug Back | Same Res'v Diff Res'v Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D Elevations (DF, RKB, RT, GR, 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 SACKS CEMENT V. 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 Tank Producing Method (Flow, pump, gas lyt, etc.) Length of Test Choke Size Tubing Pressure Casing Pressure Oas- MCF Actual Prod. During Test Oil - Bbls. Water - Bbis. **GAS WELL** SEP 1-8 1990 Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Cont. DIV Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Saze DIST. 3 Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. SEP 1 9 1990 Date Approved Il (school Signature

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Dist.

(303) 620-0100

MICHAEL.

BROWN

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title_

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Supt.-

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Mid-Cont.

Title Region

Western Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.