SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
Ladd Petroleum Corporation

Address
830 Denver Club Bldg, Denver, CO 80202

Reason(s) for filing (Check proper box)

- New Well
- Recompletion
- Change in Ownership
- Change in Transporter of: Oil, Dry Gas, Casinghead Gas, Condensate (XX)
- Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Twin Mounds	1	Basin Dakota	XXX, Federal XXXXX	NM 0207001

Location
Unit Letter 0 : 1010 Feet From The S Line and 1450 Feet From The E

Line of Section 25 Township 30N Range 14W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Giant Refining Company
Address (Give address to which approved copy of this form is to be sent)
Security Life Bldg., Suite 1230, 1616 Glenarm Pl
Denver, CO 80202

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent)
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 Resv.	Diff. Resv.

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	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED
MAY 20 1985
OIL CON. DIV.
DIST. 3

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.

William K. Stay
(Signature)
Production Engineer
(Title)
5/16/85
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY , 19

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR, DISTRICT #3

TITLE

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