

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

TO BE FILLED BY OWNER
DISTRIBUTION
DATE & TIME
FILE
U.S.G.A.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
OPERATION OFFICE

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87301

Form C-104
Revised 10/78
Form 100-1143
Page 1

RECEIVED
AUG 11 1986
OIL CON. DIV
DIST. 9

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Owner
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:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain)
<input type="checkbox"/> Recompletion		<input type="checkbox"/> Consequential Gas	<input checked="" type="checkbox"/> Consequence	
<input type="checkbox"/> Change in Ownership				

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "C"	Well No. 2	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Free Federal Federal	Lease No. SF07397
Section Unit Letter <u>F</u> : <u>2120</u> Feet From The <u>North</u> Line and <u>820</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>30N</u> Range <u>13W</u> <u>N.M.P.M.</u> San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil _____ or Consequence <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Mancos Corporation	P.O. Box 1320, Farmington, NM 87499
Name of Authorized Transporter of Consequential Gas _____ 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 Company	P.O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of lease. Unit Sec. Twp. Rng.	Is gas actually connected? When
F 30 30N 13W	YES February 1962

*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.

Denise R. Lindemanis
(Signature)
Senior Production Clerk
8-5-86
(Date)

OIL CONSERVATION DIVISION

APPROVED _____
BY Frank J. Caw
TITLE SUPERVISOR DISTRICT #9

AUG 11 1986

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	Some Rec'y.	Full Rec'y.
Date Spudded	Date Complet. Ready to Prod.	Total Depth			P.S.T.D.				
Elevations (DF, RKB, RT, CR, etc.,)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Particulates					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 leak 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	Chase 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
Producing Method (Blow, gas lift, etc.,)	Tubing Pressure (SIUW-LB)	Casing Pressure (SIUW-LB)	Chase Size