

NM MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
 Supersedes Old C-104 and C-105
 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SANTA FE		
FILE		
S.I.C.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Ladd Petroleum Corporation

Address: 1830 Denver Club Bldg, Denver, CO 80202

Reason(s) for filing (Check proper box)

New Well

Change in Transporter of:

Oil

Dry Gas

Other (Please explain)

Recompletion

Casinghead Gas

Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name

Federal "C"

Well No.: Pool Name, including Formation

1 Basin Dakota

Kind of Lease

XXX, Federal

Lease No.

SF 078977

Location

Grid Letter A : 790 Feet From The N Line and 790 Feet From The E

Line of Section 30 Township 30N Range 13W, N.M.P.M., 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

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)

Denver, CO 80201

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) Off 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 (SF, R.E., 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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of liquid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New On Run To Test

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

MAY 20 1968

GAS WELL

Actual Prod. Tech-MCF/D

Length of Test

Oil, Condensate

Gravity of Condensate

Testing Method (pump, back pr.)

Tubing Pressure (Start-in)

Casing Pressure (Start-in)

Choke Size

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.

OIL CONSERVATION COMMISSION

APPROVED **MAY 20 1968**, 19

BY

Original Signed by FRANK J. CHAVAZ

SUPERVISOR

TITLE

Willie K. Hig

(Signature)

Production Engineer

(Title)

5/12/68

This form is to be filed in compliance with Rule 104.

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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, IV, and V for changes of ownership.