

SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM O-104
Supersedes Old O-104 and O-105
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	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Gasineered Gas	☐
		Dry Gas	☐
		Condensate	☒

Other (Please explain)

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.
Humble N. Kirkland	1	Basin Dakota	XXXX Federal XXXXX	SF 079070
Location				
Unit Letter	H	Feet From The	N	Line and
	1725		800	Feet From The
			E	
Line of Section	13	Township	30N	Range
			14W	, NMPM,
			San Juan	County

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)
Giant Refining Company	Security Life Bldg., Suite 1230, 1616 Glenarm Pl
Name of Authorized Transporter of Gasineered Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Denver, CO 80202
	P.O. Box 1592, El Paso, TX 79999
If well produces oil or liquids, give location of tanks.	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 Reservoir	Drill Reservoir
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (OF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Penetrations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

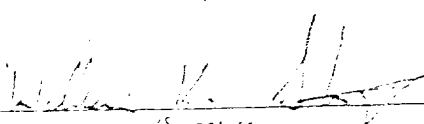
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (piston, back prod.)	Tubing Pressure (psia-in)	Casing Pressure (psia-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 herein is true and complete to the best of my knowledge and belief.


Production Engineer
Date

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

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 deviated tests taken on the well in accordance with RULE 1111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections 1, 11, 12, and 13 for changes of owner.