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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

30 - 045 - 23866

Operator Ladd Petroleum Corporation	
Address 830 Denver Club Bldg., Denver, CO 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Humble N. Kirtland	Well No. 1-E	State, Federal or Fee Federal	SF-079070
Pool Name, including Formation Basin Dakota			
Location			
Unit Letter J	1695	Feet From The east	Line and 1760
Feet From The west			
Line of Section 13	Township 30N	Range 14W	NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Box 457, Afton, WY 83110	
Caribou - 4 Corners Oil Inc.		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		PO Box 990, Farmington, NM 87401	
El Paso Natural Gas			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Pge.
			Is gas actually connected?
			No

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded 1/8/80	Date Compl. Ready to Prod. 3/30/80	Total Depth 6448		P.B.T.D. 6384					
Elevations (DF, RKB, RT, GR, etc.) 5891 GR, 5903 KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6270		Tubing Depth 1 1/2" @ 6325					
Perforations				Depth Casing Shoe 6446					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/2"	8-5/8"	258		150 sx "B" + 2% CaCl					
7-7/8"	4 1/2"	6446		200 sx "B" + 8% gel + 16					
				sx 50/50 Poz; 2nd stage					
				350 sx 65/35 Poz + 1320					
				sx 50/50					

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 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 1474	Length of Test 3 hrs.	Bbls. Condensate/MCF 1765	Gravity of Condensate 50° API
Testing Method (pilot, back pr.) back pr	Tubing Pressure (shut-in) 1759	Casing Pressure (shut-in) 1765	Choke Size 5/8" pos

VI. 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.	
Michael A. Wardlaw (Signature) Production Engineer (Title) 4/9/80 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	30, 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 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, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.	
Separate Forms C-104 must be filed for each pool in multiple completed wells.	