

PROPERTY	
LAND OFFICE	
OPERATOR	
REGISTRATION OFFICE	

Ladd Petroleum Corporation

830 Denver Club Bldg, Denver, CO 80202

Reasons for filing (Check proper box)

Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:
Redemption <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input checked="" type="checkbox"/>

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Humble N. Kirkland	Well No. 1-E	Pool Name, including Formation Basin Dakota	Kind of Lease XXX, Federal cXXX	Lease No. SF 079070
----------------------------------	-----------------	--	------------------------------------	------------------------

Location

Unit Letter J ; 1695 Feet From The S Line and 1760 Feet From The E Line

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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Company	Security Life Bldg., Suite 1220, 1616 Glenarm Pl Denver, CO 80202
Name of Authorized Transporter of Gas <input type="checkbox"/> 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 Co.	P.O. Box 1592, El Paso, TX 79999

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Reg.	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	Some Restrict	Dist. Restrict
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (CF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Restrictions			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
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 (pump, tank pt)	Tubing Pressure (8000-12)	Casing Pressure (8000-12)	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.

Production Engineer

OIL CONSERVATION COMMISSION

MAY 20 1981

APPROVED _____, 19

BY _____

SUPERVISOR DISTRICT # 3

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 1103.
All sections of this form must be filled out completely for all wells on new and redcompleted wells.
Fill out only sections 1, 10, 11, and 12 for changes of...