

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
OPERATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-75
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	
Ladd Petroleum Corporation	
Address	
830 Denver Club Building, Denver, CO 80202	
Reason(s) for filing (Check proper box)	
☐ New Well	Change in Transporter of:
☐ Recompletion	☐ Oil
☐ Change in Ownership	☐ Gas
	☒ Dry Gas
	☒ Condensate
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Humble N. Kirtland	1E	Basin Dakota	State, Federal or Fee Federal	SF079070
Location				
Unit Letter	J	1695 Feet From The	South	Line and 1760 Feet From The
Line of Section	13	Township	30N	Range 14W, NMPM, San Juan County

III. 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	☒	P.O. Box 9156, Phoenix, AZ 85068
Name of Authorized Transporter of Gas	or Dry Gas	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 J	Sec. 13
	Twp. 30N	Rge. 14W
	Is gas actually connected? YES	
	When July 1980	

If 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

(Title)

November 9, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED *[Signature]* 1984, 19

BY *[Signature]*

TITLE *[Signature]*

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 Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.S.T.D.				
Elevations (D.F., R.K.B., R.T., C.R., 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 (Tests must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours.)

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 (Bubb. back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size