Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	' REC	UEST I	FOR	ALL	OWA	ABLE AND AUTHO	RIZATIO	ИС			
						IL AND NATIONAL	Well API No.				
LADD PETROLEUM CORPORATION						_	300452389000S1				
370 17th Street, Suite 1700 Denver CO 802								7004323070	0031		
Reason(s) for Filing (Check proper box)	<u>-e 1700</u>	, Denve	er,	CO	802	02-5617					
New Well		Change i	מבוד מ	sporte:	r of:	Other (Please ex	tplain)				
Recompletion	Oil		_	Gas							
Change in Operator If change of operator give name	Casingh	ad Gas	Con	dentat	e 🔀						
and address of previous operator											
II. DESCRIPTION OF WELL	AND LE										
Well No. Pool Name, Incit							ind of Lease				
Location	3E Basin Dak				Dako	ta	tate, Federal or F	Federal or Fee SF078213			
Unit Letter P	:100	00	_ Feet	From	The	South Line and 10	00	_ Feet From The	East		
Section 26 Townsh	ip30N	Ţ	n		1 0					Line	
			Rang		1 3W	11 4012 101,	San J	uan		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF O	IL A	ND N	NATU	RAL GAS				•	
GARY WILLIAMS ENERGY CORP.						Address (Give address to which approved copy of this form is to be easily					
Name of Authorized Transporter of Casin	ghead Gas		or De		-	F.O. BOX 159, BLOOMFIELD, NM 87413					
Southern Union Gathering or Dry Gas X					A	P. O. Barra 2011 (20)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp		Rge	is gas actually connected?	4		NM 87	125	
	P	26	1 20) T T	1 257	VEC	j w	hen ?	1001	j	
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, g	ive co	mmingi	ing order number:		January,	1981		
Designate Type of Completion	- (X)	Oil Well		Gas V	Veli	New Well Workover	Decper	n Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	d. Ready to	Prod.			Total Depth	<u> </u>	P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.)	Nome of D							r.b.1.D.			
Lievations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay	Tubing Dep	Tubing Depth			
Perforations								Depth Casing Shoe			
	T	UBING.	CASI	NG A	AND	CEMENTING RECOR					
HOLE SIZE	CASING & TUBING SIZE				4.0	DESTIL OF					
						02: 111021	<u>\$</u>	SACKS CEMENT			
											
V. TEST DATA AND REQUES	T FOR A	LLOWA	RIE								
OIL WELL (Test must be after re	covery of lot	al volume o	load :	oil and	i mues k	m aqual to an analysis of					
Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test						, iow, pa	erφ, gas iyi	, e.c.) 	٠	}	
rength of 168	Tubing Press	SUITE			1	Casing Pressure		Choke Size	S & W	F M	
Actual Prod. During Test	Oil - Bbls.										
,	OII - DOIS.					Water - Bbls.		SEP1 8 1990			
GAS WELL								JEP	1 8 i990		
Actual Prod. Test - MCF/D						N		Oil C	ON. D	IV	
						Bbis. Condensate/MMCF	Gravity of	Gravity of Gondonials			
esting Method (pitot, back pr)	Tubing Pressure (Shut-in)					asing Pressure (Shut-in)	Choke Size				
I. OPERATOR CERTIFICA	TE OF	201/2	¥ 4 • -		—— _г						
I hereby certify that the rules and regulations of the Oil Conservation						050	/A TION : -				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature MICHAFL D. BROWN Dist. Supt Mid-Cont. Printed Name Title Region-					OIL CON	ATION [ATION DIVISION				
					Date Approved SEP 1 9 1990						
						Date ApprovedSEP 1 9 199()					
					_	71					
					_	SUPERVISOR DISTRICT #3					
Date (30	3) 620-	0100	West	ern	Are	a Title			O I HIC!	73	
		Teleph	one N	0.		=-					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.