

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**REQUEST FOR ALLOWABLE**  
**AND**

Form C-104  
 Supersedes Oil C-104 and C-105  
 Effective 1-1-68

**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

SANTA FE	
FILE	
L.S.C.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator:	Ladd Petroleum Corporation

Address  
 830 Denver Club Blvd., Denver, CO 80202

Reason(s) for filing (Check proper box)

New Well

Change in Transporter of:

Recompletion

Oil

Dry Gas

Change in Ownership

Condensate Gas

Condensate

Other (Please explain)

If 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.
Aztec	2-E	Basin Dakota	XXX, Federal or XX	---
Locality				
Unit Letter	G	1600 Feet From The N Line and 1600 Feet From The E		
Line of Section	35	Township 30N	Ranch 14W	, NM, 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"/>	Giant Refining Company	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas Co.	Security Life Bldg., Suite 1230, 1616 Glenarm Pl, Denver, CO 80202 P.O. Box 1592, El Paso, TX 79999

If well produces oil or liquids,  
 give location of tanks.

Unit Sec. Twp. Rge.

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	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.	Total Depth					P.B.T.D.	
Elevations (GP, AKB, RT, GR, 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** (Test must be after recovery of total volume of liquid 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	BBM, Gravity of Oil/MCF	Gravity of Condensate
Testing Method (flow, back pressure)	Tubing Pressure (Blast - lb)	Casing Pressure (Blast - lb)		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.

APPROVED \_\_\_\_\_

**MAY 20 1981**

C. K. Ladd, Inc., Inc.

BY \_\_\_\_\_

SUPERVISOR DISTRICT # 3

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 104.  
 If this is a request for Allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the various tests taken on the well in accordance with RULE 104.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

*Willie K. Ladd*  
 Signature

Production Engineer

(Title)