

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-79  
Format 28-01-83  
APPROVED  
AUG 11 1986  
OIL CON. DIV.,  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATING OFFICE	

**Owner**  
Ladd Petroleum Corporation

**Address**  
370 17th Street, Suite 1700, Denver, CO 80202

Reasons for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion		
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Oil <input type="checkbox"/> Condensates Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Aztec	Well No. 2E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM020699
Location Unit Letter G	1600	Foot From The North	Line and 1600	Foot From The East
Line of Section 35	Township 30N	Range 14W	County San Juan	Country

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil The Mancos Corporation	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Farmington, NM 87499			
Name of Authorized Transporter of Condensates Gas El Paso Natural Gas Company	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87499			
Is well producing oil or liquids. Give location of lease. Unit G	Sec. 35	Twp. 30N	Range 14W	is gas actually connected? YES	when June 1980

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

8-4-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_ AUG 11 1986  
BY *Frank J. Quigg*  
TITLE 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 deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowables 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.	Full Resrv.
Date Spudded	Date Comm. Ready to Prod.		Total Depth		P.S.T.D.				
Elevations (DF, RKB, 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

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** *(Test must be after recovery of total volume of lost oil and must be equal to or exceed 10% allowable for this depth or be for full 24 hours)*

Date First New Oil Run To Tests	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 (BBL, gas pr.)	Tubing Pressure (Bbls-LB)	Casing Pressure (Bbls-LB)	Choke Size