

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
Formal 06-01-83
Page 1

TO BE COMPLETED BY	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Owner**
Ladd Petroleum Corporation
Address
830 Denver Club Building, Denver, CO 80202
Reason(s) for filing (Check proper box)
☐ New Well
☐ Recombination
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinohood Gas
☒ Dry Gas
☒ Condensate
Other (Please explain)
If change of ownership give name and address of previous owner

RECEIVED
NOV 15 1984
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Butte	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM09867A
Location Unit Letter M 600 Feet From The South Line and 612 Feet From The West Line of Section 18 Township 30N Range 13W NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix, AZ 85068
Name of Authorized Transporter of Casinohood Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit M Sec. 18 Twp. 30N Rge. 13W	Is gas actually connected? YES when February 1983

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. Hindemans
(Signature)

Senior Production Clerk
(Title)

November 9, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 15 1984
BY Frank J. Gandy
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 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 Seal	Shut-in Recv.	Oil Recv.
Date Drilled	Date Casing 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 (Test must be after recovery of total volume of lead oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)			
Is 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 (pump, gas lift, etc.,)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size