

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|--|---|
| Operator | |
| Ladd Petroleum Corporation | |
| Address | |
| P.O. Box 7961, Midland, Texas 79708 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> |
| | Dry Gas <input type="checkbox"/> |
| | Condensate <input type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTE IT HERE.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------|--------------------------------|---------------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Laughlin | 1 | Weir Blinebry R-7334 | State, Federal or Fee Fee | |
| Location | | | | |
| Unit Letter H : 2310 Feet From The north Line and 330 Feet From The south East | | | | |
| Line of Section 9 Township 20S Range 37E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Shell Pipeline Corporation | P.O. Box 1910, Midland, Texas 79701 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Warren Petroleum Corporation | P.O. Box 1589, Tulsa, Oklahoma 74100 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. |
| | H 9 20S 37E |
| Is gas actually connected? | When |
| yes | 2-27-66 |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | | |
|--------------------------------------|-----------------------------|--|-----------|-------------------|--------------|--------|-----------|-------------|------------|
| Designate Type of Completion - (X) | | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res. |
| | | x | | | x | | | | x |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | | | | |
| 11-30-65 | 4-1-83 | 6900' | | 6000' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | | | | | |
| 3541' GR | Blinebry | 5650' | | 5756' | | | | | |
| Perforations | | | | Depth Casing Shoe | | | | | |
| 5650' - 5792' (31 shots) | | | | 6893' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 11" | 8 5/8" | | 1254' | | 450 sx | | | | |
| 7 7/8" | 5 1/2" | | 6893' | | 800 sx | | | | |
| 5 1/2" | 2 3/8" | | 5756' | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

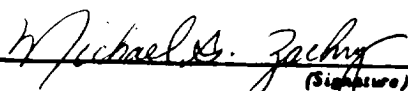
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 4-1-83 | 4-6-83 | Pumping unit - 1 1/4" x 2" x 16' pump | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hrs. | 0 | 20 | -- |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| 64 bbls. | 14 | 50 | TSTM |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |

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 above is true and complete to the best of my knowledge and belief.



District Production Engineer

(Title)

April 7, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 7 1983, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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

RECEIVED
APR 7 1983
O.C.D.
HQS-83 OFFICE