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NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

I. Operator
John E. Schalk
 Address
P. O. Box 2078 Farmington, New Mexico
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name **Cinco Diablos** Well No. **4** Pool Name, including Formation **Ballard Pictured Cliffs** Kind of Lease **Jicarilla** Lease No. **Federal Cont. 71**
 Location
 Unit Letter **B**; **790** Feet From The **North** Line and **1650** Feet From The **East**
 Line of Section **9** Township **23N** Range **4W**, NMPM, **Rio Arriba** County

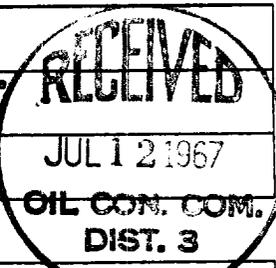
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co. **P. O. Box 2078 Farmington, N. M.**
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
Yes **July 7, 1967**

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

V. COMPLETION DATA
 Designate Type of Completion - (X)
 Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.
 Date Spudded **2-18-67** Date Compl. Ready to Prod. **3-11-67** Total Depth **2930** P.B.T.D. **2890**
 Elevations (DF, RKB, RT, GR, etc.) **7177 GR** Name of Producing Formation **Pictured Cliffs** Top Oil/Gas Pay **2817** Tubing Depth **2820**
 Perforations **2817-2833 & 2848-2859** Depth Casing Shoe **2930**
 TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8	109	75
7 7/8	4 1/2	2930	200
	1 1/2	2820	

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.) _____
 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 **2384** Length of Test **3 hours** Bbls. Condensate/MMCF **none** Gravity of Condensate _____
 Testing Method (pitot, back pr.) **3/4" choke** Tubing Pressure (shut-in) **725** Casing Pressure (shut-in) **725** Choke Size **3/4"**

VI. 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.
 _____ (Signature)
 _____ (Title)
7-11-67 (Date)

OIL CONSERVATION COMMISSION
 JUL 12 1967
 APPROVED _____, 19____
 BY **Original Signed by Emery C. Arnold**
SUPERVISOR DIST. #3
 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.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.