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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 ☐
Other (Please explain)

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 <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 23N	Sec. 9
	Twp. 4W	Rge. 23N
	Is gas actually connected? Yes When 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 Resv.	Diff. Resv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
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.

F. J. Ray
(Signature)
Agent
(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.