

NO. OF COPIES RECEIVED	9
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	6
PRORATION OFFICE	

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 H. Schalk**

Address **P. O. Box 2078, Farmington, New Mexico 87401**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input 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"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cinco Diables	Well No. 6	Pool Name, Including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee Indian
Location Unit Letter D ; 990 Feet From The North Line and 790 Feet From The West			
Line of Section 14 , 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 Company	P. O. Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-2-67	Date Compl. Ready to Prod. 9-5-67	Total Depth 3140	P.B.T.D. 3107					
Pool Ballard	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3046	Tubing Depth 3051					
Perforations 3048-3056, 3061-3068, 3076-3082			Depth Casing Shoe 3140					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-3/8	122	100					
7-7/8	4-1/2	3140	200					
	1-1/2	3051						

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 greater than 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-Bbbls.	Water-Bbbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 2,391	Length of Test 3 Hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 71.30	Casing Pressure 71.30	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.

William H. Hallcraft
(Signature)
William H. Hallcraft, Office Manager
(Title)
October 9, 1967
(Date)

OIL CONSERVATION COMMISSION
OCT 13 1967
APPROVED
BY **Original Signed by Emery C. Arnold**
TITLE **SUPERVISOR DIST. #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 Sections I, II, III, and VI only 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.

Number of hours

For the calendar year 1964, the number of hours

is

Number of hours	Number of hours	Number of hours	Number of hours	Number of hours
100	100	100	100	100
100	100	100	100	100

is

For the calendar year 1964, the number of hours

is

Number of hours	Number of hours	Number of hours	Number of hours
100	100	100	100
100	100	100	100
100	100	100	100

Number of hours

Number of hours

Number of hours

Number of hours

Number of hours

Number of hours

Number of hours

Number of hours