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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	/
OPERATOR		
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

Operator JOHN E. SCHALK	
Address 915 MIDLAND SAVINGS BLDG., DENVER, COLORADO 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
CHANGE OF LEASE NAME PLEASE NOTE BELOW:	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name CINCO DIABLOS	Well No. 2-Y	Pool Name, including Formation BALLARD PICTURE CLIFF	Kind of Lease State, Federal or Fee IND.	Lease No.
Location				
Unit Letter C	790	Feet From The NORTH	Line and 1850	Feet From The WEST
Line of Section 9	Township 23NORTH	Range 4 WEST	, 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 990, FARMINGTON, N.M. 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: _____

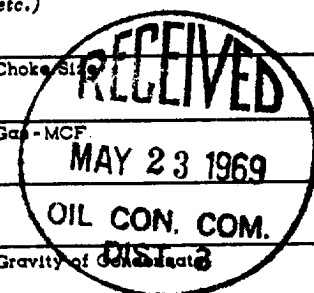
V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 2-13-69	Date Compl. Ready to Prod. 3-28-69	Total Depth 2845'	P.B.T.D. 2812'					
Elevations (DF, RKB, RT, GR, etc.) 7118 GR	Name of Producing Formation PICTURED CLIFF	Top Oil/Gas Pay 2752'	Tubing Depth 2762'					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11-1/4"	7-5/8"		98'		75 SX			
6-3/4"	4-1/2"		2845'		100 SX			
	1-1/4"		2762'					

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 3/4"-1,899, CAOF-2,389	Length of Test 3 HRS.	Bbls. Condensate/MMCF	Gravity of Gas
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) SIP 413	Casing Pressure (shut-in) SIP 413	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.

Dave M. Thomas
DAVE M. THOMAS, JR.
PETROLEUM GEOLOGIST

MAY 20, 1969

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 23, 1969**

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.

