NO. OF COPIES RECE	9		
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SANTA FE			
FILE	/		
u.s.g.s.			
LAND OFFICE	LAND OFFICE		
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		2	
PRORATION OFFICE			
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

L	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110			
	FILE /		AND	Effective 1-1-65			
-	U.S.G.S.	_ AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	_ GAS			
-	LAND OFFICE	4					
	TRANSPORTER GAS /						
ŀ	OPERATOR 2						
1.	PRORATION OFFICE						
	Operator	tohal k					
}	Jeim E. Schalk Address						
	915 Midland Savings Building - 444-17Th Street - Denver, Colorado						
	Reason(s) for filing (Check proper box		Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Ga Casinghead Gas Conder	=				
l	Change in Ownership	Casingheda Gas Conder	isute				
	If change of ownership give name						
,	and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind of Le	ease Lease No.			
	Lease Name	9 Bellerd P. C	3	leral or Fee			
	Location	, 20.2026 1. 0	•				
	T 149	Feet From The South Lin	ne and 790 Feet Fro	om The Best			
	Unit Letter;	T GGC I TOM THE					
	Line of Section 8 To	ownship 25 North Range 7	West , NMPM,	County			
			ı ç				
II.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which ap	proved copy of this form is to be sent)			
i	Nume of Admonaged Family						
	Name of Authorized Transporter of Co	usinghead Gas or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)			
	El Paso Matural Gas C		P. O. Box 990, Parmin				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	give location of tanks.						
		ith that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completi						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	2-7-68 Elevations (DF, RKB, RT, GR, etc.)	2-21-68 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	6375 KB	Pictured Cliffs	2140	2218			
	Perforations			Depth Casing Shoe			
	2146-2150, 2160-2166, 2171-2172, 2220-2226						
	TUBING, CASING, AND CEMENTING RECORD LOUIS SIZE DEPTH SET SACKS CEMENT SACKS CEMENT						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	70			
	6-3/4	4-1/8	2279'	50 - 50-50 Peenix			
				75 - Glass C Mest			
		1-1/4	2218'				
v.	TEST DATA AND REQUEST FOR ALLOWABLE (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)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	is lift, etc.)			
	Date Liter New Oil Batt to Laura			CI'II A			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Si K			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gan MCF MAR 1 2 1968			
	OIL CON, COM,						
	GAS WELL DIST. 3						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	1,833	3 Hours					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIA	NCE	OIL CONSER	MAR 12 1968			
		d an including of the Oil Consequence	APPROVED	WAN 19			
	I hereby certify that the rules and Commission have been complied	d regulations of the Oil Conservation with and that the information given	Original Signed	by A. R. Kendrick 19			

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

Wieeio	m #.	Hae	ecrost
William H.	Helleroft,	nature) Office	Manager 1

(Title) March 11, 1968

(Date)

TITLE PETROLEUM ENGINEER DIST. NO. 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 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.

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