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DISTRIBUTION	**	ASERVATION COMMISSION	Form C-104 Supersedes Old C-10s and C-11::	
SANTA FE		OR ALLOWABLE AND	Effective 1-1-65	
U.S.G.S.		SPORT OIL AND NATURAL GA	S	
LAND OFFICE	ACTIONIE/FIGURE			
TRANSPORTER OIL				
GAS /		·		
OPERATOR 2	_	•	β	
PROFATION OFFICE				
ARAPAHOE DRILL	ING COMPANY			
Address D.O. BOY 26687	/ / ALBUQUERQUE, NEW	MEXICO 87125		
Reason(s) for filing (Check proper box)	7 7000000000000000000000000000000000000	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion रिका	Contembered Gas Condens	- F51 ·		
Change In Ownership (1)				
If change of ownership give name (and address of previous owner)	Coastline Petroleum C	Co., Inc. / One Greenw	rich Plaza, Greenwich Conn 0683	
DESCRIPTION OF WELL AND L	EASE	action Kind of Lease	Lease No.	
Lease Name	Well No. Pool Name, Including For 1 Basin Dakota	a p.dd.	Fee Fed 4457	
Schalk 57	1 Basin Dakota	·		
Location C . 790	O Feet From The N Line	and 1650 Feet From Th	eW	
1				
Line of Section 12 Township 30 N Range 5 W , NMPM, Rio Arriba County				
. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)	
Name of Authorized Transporter of Oil				
Name of Authorized Transporter of Cast	inghead Gas Or Dry Gas XX	Address (Give address to which approve	:	
Northwest Pipeline	Corporation !	P.O.Box 1526, Salt L. Is gas actually connected? When	ake City, Utah	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	No I	Sept. !74	
give location of tanks.	h that from any other lease or pool, g			
If this production is commingled with COMPLETION DATA			Plug Back 'Same Res'v. Diff. Res'v.	
Designate Type of Completion	Oil waii	New Well Workove: Deepen		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
3/31/73		8217	•	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay 8009	Tubing Depth 8149	
6592 K B	Dakota .	8009	Depth Casing Shoe	
8010' TO 8190'				
	TUBING, CASING, AND		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	200	
12-1/4	8-5/8 4-1/2	8223	450	
7-7/8	2-3/8	8149		
			i also as aread ton all as	
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)				
OII. WELL. Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	e, etc.)	
Date / Nat Now On the Park			Choke Spre	
Length of Test	Tubing Pressure	Casing Pressure		
	Oil - 95!s.	Water - Bols.	Gas, MCF	
Actual Prod. During Test				
			**	
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravily of Condensate	
Actual Prod. Test-MCF/D	Lungth of 103.			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coeing Pressure (Shut-in)	Choke Size	
		OIL CONCEDIA	TION COMMISSION	
T. CERTIFICATE OF COMPLIAN	CE	11		
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.		APPROVED	, 19	
		By Original Lindon and	a C. Benarick	
		TITLE ACCUSE		
70 10 4	· ~	TITLE	ITTLE	
(deliny hald a ()		This form is to be filed in compilance with RULE 1104. If this is a request for allowable for a newly drilled or despendently a tabulation of the deviation		
(Signature)		well, this form must be accompa	If this is a request for allowable for a hour, this deviation well, this form must be accompanied by a tabulation of the deviation well, this form on the well in accordance with RULE 111.	
JOHN E. SCHALK, MANAGING PARTNER		All sections of this form mu	at be filled out completely for silow	
(Title)		able on new and recompleted were		
March 15, 197	8	H mall man a of this bet, of the harm		
	•	Separate Forma C-104 mus	t be filed for each pool in multiple	