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SANTA FE			
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	
	GAS	/	
OPERATOR		1	
BROBATION OFFICE		1	

ţ	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE /		AND		
-	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GAS	S	
- }	LAND OFFICE OIL				
1	TRANSPORTER GAS				
Ì	OPERATOR /				
1.	PRORATION OFFICE				
	Operator				
	JOHN E. SCHALK Address				
	915 MIDLAND SAVING	S BLDG., 444-17TH S'	TREET, DENVER, COLORA	DO 80202	
-	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:	CHANGE OF LEAS	E NAME	
	Recompletion	Oil Dry Ga	T PIFASE NOTE	BELOW:	
	Change in Ownership	Casinghead Gas Conder	nsate		
1	If change of ownership give name				
	and address of previous owner				
11	DESCRIPTION OF WELL AND I	EASE			
•••	Lease Name	Well No.; Pool Name, including r		Lease No.	
	CINCO DIABLOS	12 BALLARD PIC	TURE CLIFF State, Federal o	rree IND.	
	Location	SOUTH	890 Feet From Th	EAST	
	Unit Letter ; 1650	Feet From The Lin	ne and Feet From Th		
		mship 23 NORTH Range 4	WEST , NMPM, RIO AR	RIBA County	
	Line of Section Tow				
ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	ls	de la constantia del constantia del constantia del constantia del constantia del constantia	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	copy of this form is to be sent,	
		inghead Gas or Dry Gas X	Address (Give address to which approve	d copy of this form is to be sent)	
	Name of Authorized Transporter of Cas		P. O. BOX 990, FARMI	_ 1	
	EL PASO NATURAL GAS	Unit Sec. Twp. Rge.	Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.		NO		
	If this production is commingled wit	h that from any other lease or pool.	give commingling order number:		
	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	Oil Well Gas Well	1,100,100	Plug Back Same Res'v. Diff. Res'v.	
			Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod. 3-20-69	3050'	3014*	
	2-21-69 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	— — — — — — — — — — — — — — — — — — —	Tubing Depth	
	7344 GR	PICTURED CLIFF	2947'	2933'	
	Perforations			Depth Casing Shoe	
	2947' - 2964'			30441	
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	129'	75 SX	
	11"	4-1/2"	3042'	100 SX	
	0-1/4	1-1/4*	2933'		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load oil a lepth or be for full 24 hours)	nd must be equal to or exceed top allow-	
	OIL WELL	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)	
	Date First New Oil Run To Tanks	Date of Year		OFITIVE	
	Length of Test	Tubing Pressure	Coming Pressure	Choke Size	
				4060	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF MAY 23 1969	
				OIL CON. COM	
				DIST. 3	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	3/4"-5, 197, CAOF-8, 50				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) SIP	Casing Pressure (Shut-in) SIP	Choke Size	
	BACK PRESSURE	727	727		
VI	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION	
			MAY 2 3 1969		
	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.		Original Signed by	APPROVED Signed by Emery C. Arriva	
			By Original Signed by Emery C. Arrical		
			TITLES	UPERVISOR DIST. #5	
			This form is to be filed in c	ompliance with BULE 1104.	
		Ren on O	and the second for allow	able for a newly drilled or deepened	
0	DAVE M. THOMAS, JEGINATURE) PETROLEUM GEOLOGIST If this is a request for allowable for a newly drille well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 115. All sections of this form must be filled out complete.			HOU DA E (EDMISTION OF THE GALLETS	
	PETROLEUM GEOLOGIST	······································	tests taken on the well in accord	st be filled out completely for allow	
	(7	itle)	able on new and recompleted we	ils. III, and VI for changes of owner,	

(Date)

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.

20 No. 20 to come to the following the control of the control