NO. OF COPIES REC	8		
DISTRIBUTION			
SANTA FE			
FILE			_
U.S.G.S.			
LAND OFFICE			_
TRANSPORTER	OIL	1	
	GAS	/	
OPERATOR	4		
PRORATION OF	ICE		
Operator			

	SANTA FE / REQUEST FOR ALLOWABLE AND U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS /			Effective 1-1-6	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
1.	OPERATOR L PRORATION OFFICE Operator Address HUSKY OTL COM	PANY						
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden	s Sate					
11.	and address of previous owner	the Frontier Refining Com LEASE	pany-4040 East	Louisiana	Ave., Denver,	Colorado 80222		
	Lease Name SCHWERDIFFELER Location	Well No. Pool Name, Including Fo		Kind of Lease State, Federal or	Fee Federal	Lease No.		
	Unit Letter I; 185		e and 790 , NMPM	Feet From The		County		
III.	Name of Authorized Transporter of Oil	_	Address (Give address					
	Rock Tsland (il and Refining Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Ri Paso Natural Gas Company Box 1492 Fil Paso Toyas							
	If well produces oil or liquids, give location of tanks. If this production is commingled with	I 8 27N 11W th that from any other lease or pool,	Yes	Ju	ne 20, 1961			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover		Plug Back Same Res	v. Diff. Res'v.		
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	F	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay Tul		obing Depth			
	Perforations Depti. Casing Since							
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH S		SACKS CEM	IENT		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be as	fter recovery of total volu	me of load oil and	l must be equal to	and top allow-		
	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours Producing Method (Flow		etc.)	T.EVI		
	Length of Test	Tubing Pressure	Casing Pressure C		Choke fize	2000		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls. Gas		Gas-MCF APRI	OIL CON. COM.		
	DIST. 3							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Gro		Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION APPROVED APPROVED					
	Commission have been complied wabove is true and complete to the	with and that the information given be best of my knowledge and belief.	en By Original Signed by Emery C. Arr			18		
	E.B. Barville		TITLE SUPERVISOR DIST, #5					
	C.B. Dawelle		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.					
	(Signature) Manager: Drilling and Production (Title)							
	February 15, 196.8							

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.