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	G A S	1	
OPERATOR		1	
PROBATION OFFICE			

	SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  OIL  GAS  OPERATOR  PRORATION OFFICE	REQUEST	FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Supersedes Old C-104 and C-110 Effective 1-1-65			
THE FRONTIER REFINING COMPANY							
	Address 4040 East Lou	isiana Avenue, Denve	r. Colorado 80222				
	Reason(s) for filing (Check proper box)	Other (Please explain)					
	New Well  Recompletion	Change in Transporter of: Oil Dry Gar	s []				
	Change in Ownership	Casinghead Gas Conden	sate X				
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL'AND I	Well No. Pool Name, Including Fo	ormation   Kind of Lease	Federal Lease No.			
	SCHWERDTFEGER 2 Basin Dakota State, Federal or Fee SF 080382A						
	Location T 1 Q	50 Feet From The South Line	e and 790 Feet From Th	. East			
			11W San				
	Line of Section 8 Tow	mship Z/IV Range	, NMPM, Dall	County County			
III.	DESIGNATION OF TRANSPORT	or Condensate X	S Address (Give address to which approve	d conv of this form is to be sent			
	Name of Authorized Transporter of Oil Rock Island Oil &		321 W. Douglas, Wie	chita, Kansas			
ĺ	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which approve	d copy of this form is to be sent)			
	El Paso Natural Ga	Unit Sec. Twp. Ege.	Box 1492, E1 Paso, Is gas actually connected? When				
	If well produces oil or liquids, give location of tanks.	I 8 27N 11W	Yes	June 20, 1961			
	COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	Plug Back   Same Restr.   Diff. Restv.			
	Designate Type of Completio		Total Denth	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
				Depth Casing Shoe			
			CEMENTING RECORD	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTRISET	SACKS CEMENT			
ļ							
	TEST DATA AND REQUEST FO		fter recovery of total valume of load oil an pth or be for full 24 hours)	d must be equal to or exceed top allow-			
1	OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	CAS 514 1			
	Length of 1441			S TISTO			
	Actual Prod. During Test	Oil-Bble.	Water - 3bls.	MAY 20 1966			
1	-	<u> </u>		OIL CON. COM.			
1	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED MAY 2 U 1966  Original Signed by Emery C. Arnold  TITLE SUPERVISOR DIST. #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				
Manager, Drilling and Production  (Title)  May 18, 1966		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 transporten or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply completed wells.					
					(Date)		