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DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS /	REQUE	IL CONSERVATION COMMISSION IST FOR ALLOWABLE AND TRANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65		
OPERATOR 2 I. PROBATION OFFICE Operator					
ARAPAHOE Address	DRILLING COMPANY	•	— — — 		
1	Change In Transporter of: CII Dry	NEW MEXICO 8712 Other (Please explain) odensate			
If change of ownership give ner and address of previous owner	ne Coastline Petroleu	m Co.,Inc./One Green	wich Plaza, Greenwich,		
II. DESCRIPTION OF WELL A Lease Name Schalk 52 Location	ND LEASE. Well No. Pool Name, Includin	ed Pictured State, Fed Cliffs Line and 790 Feet Fro	Conn 068 Hease Lease No. 4452 The S		
III. DESIGNATION OF TRANSPI	ORTER OF OIL AND NATURAL	711111111111111111111111111111111111111	AIII08 County		
Name of Authorized Transporter of	Oil or Condensate		proved copy of this form is to be sent)		
Name of Authorized Transporter of Northwest Pipelin If well produces off or Highlds, give location of tanks.		Address (Give address to which app P.O.Box 1526, Salt Is gas actually connected?	t Lake City, Utah When Sept. 174		
If this production is commingled V. COMPLETION DATA	with that from any other lease or poo	ol, give commingling order number:			
Designate Type of Comple	etion — (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Date Spudded 2/27/73	Date Compl. Ready to Prod. 3/11/73	Total Depth 5811	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc 6538 K B	Name of Producing Formation Pictured Cliffs	Top O:1/Gas Pay . 3470	Tubing Depth 3841		
Perforations 3483-3510, 3516-	3519. 3522-3526		Depth Casing Shoe		
	TUBING, CASING, A	ND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
7-7/8	4-1/2	5810	200		
		}			
V. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be able for this a	after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas i	l and must be equal to or exceed top allow-		
Length of Test	Tubing Pressure	Casing Pressure			
Actual Pred. During Test	Oil-9bls.		Choke Size		
	Oli-Stre.	Water - Bbls.	Gas-MCP		
GAS WELL			Volt		
Actual Prod. Tost-MCF/D	Length of Test	Bble, Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size		
L. CERTIFICATE OF COMPLIA	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	19		
Commission have been compiled	with and that the information given ne best of my knowledge and belief.	lf .	by A. R. Kendrick		

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SCHALK, MANAGING PARTNER

March 15,

(Date)

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 MULE 111.

SUPERILECA DIET.

TITLE _

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 filled for each pool in multiply