DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		<u> </u>	L-
LAND OFFICE		<u> </u>	<u></u>
IRANSPORTER	OIL		
	GAS	<u> </u>	
OPEHATOR			
PROBATION OFFICE		1	İ

DISTRIBUTION SANTA FE		ISERVATION CONTAISSION FORM C-104 OR ALLOWABLE Supersedes Old C-104 and C Ellective 1-1-65		
FILE	AUTHORIZATION TO TRA	AND SPORT OIL AND NATURAL GAS		
U.S.G.S.	AUTHORIZATION TO TRA	HOLOR OLE AND HATOLINE ON		
I RANSPORTER OIL				
GAS OPERATOR				
PROBATION OFFICE				
SCHALK DEVELOP	MENT COMPANY		· · · · · · · · · · · · · · · · · · ·	
P. O. BOX 2582	5 / ALBUQUERQUE, NEW M	MEXICO 87125	•	
Reason(s) for filing (Check proper bo		Other (Please explain)		
New Well	Change in Transporter of: On Dry Gar			
Recompletion Change in Ownership	CII Dry Ga: Casinghead Gas Conden	高し		
If change of ownership give name				
and address of previous owner				
I. DESCRIPTION OF WELL AND	Well No. Pool Name, Inc. tains 1	1	Lease No. NM23041	
Schalk 41	1 Blanco Mesa	a verde	100010-	
1 =	790 Feet From The South Lin	e and Feet From Th	. West	
16	Township 25N Range	3₩ , NMPM, Rio Ari	ciba County	
Cine bi Section				
I. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	Addiese love	d copy of this form is to be sent)	
Gary Energy Co	orporation	P.O. 489, Bloomfield	, NM 87413	
Name of Authorized Transporter of C	Casinghead Gas XX or Dry Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978		
El Paso Natura	Unit Sec. Twp. P.ge.	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.		No		
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,		Plug Back Same Res'r. Diff. Res'v.	
Designate Type of Comple		New Well Workover Deepen	Filed Edea	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
1/06/79	5/07/79	6207 Top O:1/6as Pay	6163 Tubing Depth	
Elevations (DF, RKB, RT, CR, etc. 7316 GR.	, Name of Producing Formation Mesa Verde	100 017 002 1 47	6040	
Perforations			Depth Casing Shoe	
6008 - 6119	Total of 26 Shots	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	8-5/8"	338'	210 sxs. 310 sxs.	
7-7/8"	4-1/2"	6201	020	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oil a lepth or be for full 24 hours)	and must be equal to or exceed top attout	
OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	i, eic.)	
	.	Casing Pressure DEC	d.Ms.E	
Length of Test	Tubing Pressure		105	
Actual Prod. During Test	C::-Bble.	Water-Bble. NOV 1 6 1984		
·		OIL CON. DIV.		
GAS WELL		Bble. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test			
Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in) 1050	Choke Sixe	
	1055		TION COMMISSION	
I. CERTIFICATE OF COMPLI				
I hereby certify that the rules a	and regulations of the Oil Conservation and with and that the information gives the best of my knowledge and belief			
Commission have been complete to above is true and complete to	the best of my knowledge and belief	. BY		
	•	TITLE	11	
•		11	compliance with RULE 1104. wable for a newly drilled or despene-	
	Signature)	well, this form must be accomp-	rdance with RULE 111.	
STEVE SCHALK	AGENT	well, this form must be accompanied by a table taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow		
	(Tule) November 12, 1984	able on new and recompleted w	s is and will for changes of owner	
	(Dute)	Il wall name or number, or transpor	ter, or other such change of conditions at be filed for each pool in multiple	

well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply