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NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION				\					
SANTA FE									Form C -104		
FILE	_	+	REQUEST FOR ALLOWABLE Supersedes Old C-104 Effective 1-1-65								
U.S.G.S.		+	ALITU	001747101	. TO TO	AND	OIL AND	NATURAL (
LAND OFFICE		 	AUTH	UKIZATION	TIOIR	ANSPURI	UIL AND	NATURAL (3AS		
	OIL	1									
IRANSPORTER	GAS	1									
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Operator											
S	CHALK	DEV	ELOPMEN	T COMPA	7NA						
Address		D 0 11	25025/	3.7.0.40		0 = 3 0	_				
	~		25825/	ALBUQ.,	NM ———	8712					
Reason(s) for filing ('Check prop '⊽3r	er box)					Other (Please	explain)			
New Well			•	In Transporter			Origi	nal 30	đav a	pproval	expired
Recompletion	H		Oil	H	Dry G		6/6/8		aay a	pprovar	cnpiica
Change in Ownership	<u>'</u>		Casinghe	ad Gas	Conde	ensate					
If change of owners, and address of previ										· · · · · · · · · · · · · · · · · · ·	
DESCRIPTION OF	F WELL.	AND I	EASE								
Lease Name			Well No.	Pool Name,	-			Kind of Leas	9		Lease No.
SCHALK 43			2	Wildc	at Ch	acra		State, Federa	l or Fee F	ederal	M23043
Location											
Unit Letter A	;-	790	Feet Fro	om The Nort	<u>th</u>	ne and	790	Feet From '	The	last	
Line of Section	34	Tow	mship 25	N	Range	3W	, NMPM	, Rio A	rriba		County
DESIGNATION OF	F TRANS	PORT	ER OF OIL	AND NAT	URAL G	AS					
Name of Authorized 7	Transporter	of Oil	or C	Condensate X	X	Address (C	ive address	o which appro	ved copy o	f this form is t	to be sent)
Plateau, I	nc.					4775	Indian	School	Rd.,	NE/Albuq	.,NM 87110
Name of Authorized T	Pransporter	of Cas	inghead Gas [or Dry G	,asXX	Address (C	ive address	o which appro-	ved copy o	f this form is t	to be sent)
El Paso Na	tural	Gas	Compan	У	_	P.O. I	3ox 149	2 / El	Paso,	Texas	79978
If well produces oil of give location of tanks		1	Unit Sec	•	¦Age. ! 3W	Is gas actu	ally connect		 5-6-8	0	
If this production is	commingl	ed with	L				ngling order		<u> </u>		
COMPLETION DA		1		Oil Well (Gas Well	New Well	Workover	Deepen	Plug Bac	ck Same Res	s'v. Diff. Res'v.
Designate Type	e of Com	pletio	i = (X)	!	XX	f 1	1	1	XX	XX	1
Date Spudded			Date Compl. F	Ready to Prod.	,	Total Dept	1		P.B.T.D	•	
10/24/80				6/80		610			4	650'	
Elevations (DF, RKB		etc.,	Name of Prod	ucing Formatio	חכ	Top Oll/Go	is Pay		Tubing I	Depth	
7213 G	R			Chacra		447	'9		+	4507	
Perforations									Depth Co	asing Shoe	
4479 -	4514								<u> </u>		
				TUBING, CA		D CEMENT			1		
HOLES	SIZE		CASING	& TUBING	SIZE		DEPTH SE	ET		SACKS CEN	MENT
30 3 /4"				/0" 21	ш				1200		
12-1/4"			8-5 4-1			32			200		200
7-7/8"			<u>4-1</u> 2-3		.5# .7#		00		1235	& 330 /	_280
		CT = -		/							excurd top allow-
TEST DATA AND OIL WELL	REQUE	STFU	R ALLOWA	BLE (less		ijter recovery epth or be for		me of load oil	and must	ステン	execute top attom-
Date First New Oil R	un To Tan	(3	Date of Test			Producing	Method (Flou	, pump, gas li	i, etc	1111	10
									10		
Length of Test			Tubing Press	ure		Casing Pre	55W6		CHO	DE DE	COL
									12	42 PS "	. 3
Actual Prod. During	Test		Cil-Bbls.			Water - Bbl	J.		Gas MC	FGY O	§ 1
										Car. O	
											1
GAS WELL Actual Prod. Test-M	CF/D		Length of Tes	st		Bbls. Cond	ensate/MMC	F	Gravity	of Condensate	
Testing Method (pitor	t back or	, 	Tubing Press	we (Shut-in	1	Casina Pre	asure (Shut	-in)	Choke S	ize	
Back Press			580	(ottoe-TH	_	720				3/4"	
CERTIFICATE O		LIANC		· · · · · · · · · · · · · · · · · ·				CONSERVA		OMMISSIO	N
I hereby certify that	t the rules	and re	gulations of ith and that	the Oil Con	servation	APPRO	Original Sign	EP 4 13	380 .es ghoe	SON .	19

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complled with and that the information given above is true and complete to the best of my knowledge and belief.

\mathcal{A}	Rus balall
	(Signature)
	MANAGING PARTNER
	(Title)
	9/3/80

(Date)

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.

This form is to be filed in compliance with RULE 1104.

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #2

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