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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SCHALK DEVELOPMENT CO.		Well API No.
Address P. O. Box 25825 Albuquerque, NM 87125		
Reason(s) for filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schalk 43	Well No. 2	Pool Name, including formation South Blanco PC EXT	Fed.	Lease No. NM23043
Location Unit Letter A, 790 Feet From The North Line and 790 Feet From The East Line Section 34 Township 25N Range 3W NMIM Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 12999, Scottsdale, AZ 85267	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit A Sec 34 Twp 25N Rge. 3W	Is gas actually connected? Yes When? 5-6-80

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Off Res'v
		X		X		X		
Date Spudded 10/24/80	Date Compl. Ready to Prod. 6/9/94		Total Depth 6100		P.B.T.D. 3654'			
Elevations (DF, RKB, RF, GR, etc.) 7213' GR	Name of Producing Formation South Blanco PC		Top Oil/Gas Pay 3570		Tubing Depth 3580			
Perforations 3570 to 3575 10 shots; 3586 to 3604 36 shots					Depth Casing Shoe 6100			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 24#		327		200 sacks			
7-7/8"	4-1/2" 10.5#		6100		235 & 330/ 280			
	2-3/8" 4.7#		3654					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or before full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size JUN 14 1994
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF OIL CON. DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 288	Length of Test 3 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) Positive choke	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In) 610	Choke Size .375

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature
Steve Schalk President

Printed Name
6/10/94

Date
(505) 881-6649 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 14 1994

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.