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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

3056 IN
4-3-85

Operator M. R. Schalk	
Address P. O. Box 25825, Albuquerque, New Mexico 87125	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schalk Ojito	Well No. 1	Pool Name, Including Formation Ojito Gallup-Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF080565A
Location				
Unit Letter <u>G</u> ; <u>2160</u> Feet From The <u>North</u> Line and <u>1900</u> Feet From The <u>East</u>				
Line of Section <u>8</u> Township <u>25N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Kerman Corp.</u>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>8</u>
	Twp. <u>25N</u>	Rge. <u>3W</u>
	Is gas actually connected? <u>No</u>	
	When	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>11-17-84</u>	Date Compl. Ready to Prod. <u>12-28-84</u> <u>1-11-85</u>		Total Depth <u>8150</u>		P.B.T.D. <u>8084</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>7140 RKB</u>	Name of Producing Formation <u>Gallup-Dakota</u>		Top Oil/Gas Pay <u>7017</u>		Tubing Depth <u>8014</u>			
Perforations <u>7017 - 8014</u>					Depth Casing Shoe <u>8149</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4</u>	<u>9-5/8</u> <u>36.00#</u>		<u>328</u>		<u>295 Cu Ft</u>			
<u>7-7/8</u>	<u>4-1/2</u> <u>11.60#</u>		<u>8150</u>		<u>3108 Cu Ft (3 Stage)</u>			
	<u>2-3/8</u> <u>EUF 4.70#</u>		<u>8014</u>					

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 be for full 24 hours)

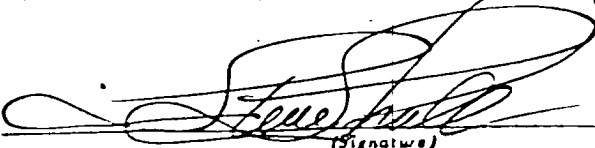
Date First New Oil Run To Tanks <u>01-11-85</u>	Date of Test <u>01-14-85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>50</u>	Casing Pressure <u>310</u>	Choke Size <u>1"</u>
Actual Prod. During Test <u>106 bbls</u>	Oil - Bbls. <u>87 bbls</u>	Water - Bbls. <u>19 bbls</u>	Gas - MCF <u>164</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.


Steve Schalk, Agent
1-18-85
(Date)

OIL CONSERVATION COMMISSION	
APPROVED <u>1-18-85</u>	
BY <u>Original Signed by FRANK J. GILBERT</u>	
TITLE <u>SUPERVISOR DISTRICT # 3</u>	
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 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.	
Separate Forms C-104 must be filed for each pool in multiply	