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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-110
Effective 1-1-65

Operator SCHALK DEVELOPMENT COMPANY	
Address P. O. BOX 25825 / ALBUQUERQUE, NEW MEXICO 87125	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner ARAPAHOE DRILLING CO. / P.O. BOX 26687 / ALBUQ., NM 87125

Lease Name SCHALK 52		Well No. 2	Pool Name, including Formation Gobernador Pic. Cliffs	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 4552
Location Unit Letter G ; 2470 Feet From The NORTH Line and 695 Feet From The EAST Line of Section 24 Township 29 NORTH Range 5 WEST , NMPM, RIO ARRIBA County					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		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 checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
NORTHWEST PIPELINE CORPORATION		P.O. BOX 1526/SALT LAKE CITY, UTAH 84110				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					NO	

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			XX						
Date Spudded 11/17/73	Date Compl. Ready to Prod. 12/02/73	Total Depth 3667		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6545 KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3472		Tubing Depth 3655					
Perforations 3476-3550				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8		183		175				
7-7/8	5-1/2		3665		258				

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

VI. 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.

JOHN E. SCHALK, MANAGING PARTNER

June 5, 1981

(Title)

(Date)

OIL CONSERVATION COMMISSION
JUN 12 1981

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

TITLE _____

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 completed wells.