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FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
	U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	Effective 1-1-65	
	TRANSPORTER OIL GAS				
1.	PRORATION OFFICE				
	SCHALK DEVELOPMENT COMPANY				
	P. O. BOX 25825 / ALBUQUERQUE, NEW MEXICO 87125 Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:			
	Recompletion Change in Ownership XX	Oil Dry Ga Casinghead Gas Conder	 		
	If change of ownership give name and address of previous owner	ARAPAHOE DRILLING CO	O. / P.O. BOX 26687	/ ALBUQ.,NM 87125	
IJ.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind of Leas	5e Lease No.	
	SCHALK 52	4 Gobernador		al or Fee FEDERAL NM 4452	
	Unit Letter J : 20	58 Feet From The SOUTH Lin	ne and 1312 Feet From	The EAST	
	Line of Section 24 To	wnship 29 NORTH Range	5 WEST , NMPM, RIO	ARRIBA County	
Ш.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi	TER OF OIL AND NATURAL GA	AS Address (Give address to which appro	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Ca NORTHWEST PIPELINE	CORPORATION	· · · · · · · · · · · · · · · · · · ·	LAKE CITY, UTAH 84110	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	NO W	hen	
IV.	If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi	on – (X) XX		P.B.T.D.	
	Date Spudded 12/14/73	Date Compl. Ready to Prod. 1/8/74	Total Depth 3640		
	Elevations (DF, RKB, RT, GR, etc.) 6544 KB	Name of Producing Formation Pictured Cliff	Top O:1/Gas Pay \$ 3442	Tubing Depth 3636	
	Perforations 3451-3480 , 3488-3515		I	Depth Casing Shoe 3636	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4 6-3/4	8-5/8 2-7/8	182 3636	170 450	
	6-3/4	2-778	3030	450	
V.	TEST DATA AND REQUEST F		pth or be for full 24 hours)	l and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Otl-Bbls.	Water-Bbls.	Gae-MCF	
	CAC WELL		<u> </u>	JUN 12 1351	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Contendor	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	ICE		JUN 1 4,1981	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Original Signed by FRANK T CHAVET		
above is true and complete to the best of my knowledge and belief.		TITLE SUPERVISOR DISTRICT # 3 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.			
JOHN E. SCHALK, MANAGING PARTNER (Signature)					
				\	June 5, 1981
	(1)	···/		II III and UI for changes of owner,	

(Date)

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.