

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATON 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-110
Effective 1-1-65

I. Operator **John E. Schalk**
Address **P. O. Box 26687, Wlbuquerque, New Mexico 87125**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner **Does not apply**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schalk 29-4	Well No. 4	Pool Name, including Formation Under P. C	Kind of Lease State, Federal or Fee Fed	Lease No. 18328
Location Unit Letter D ; 1100 Feet From The N Line and 790 Feet From The W Line of Section 32 Township 29-N Range 4-W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

CORRECTED
Name of Authorized Transporter of Oil ☐ or Condensate ☒
~~Northwest Pipe Line Corporation~~
Address (Give address to which approved copy of this form is to be sent)
P.O.Box 1526 Salt Lake City, Utah
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Northwest Pipe Line Corp.
Address (Give address to which approved copy of this form is to be sent)
No
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

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.	Diff. Res'v.
		X	X					
Date Spudded 9-15-75	Date Compl. Ready to Prod. 10-1-75	Total Depth 4480	P.B.T.D. 4452					
Elevations (DF, RKB, RT, GR, etc.) 7332 Gr.	Name of Producing Formation Pictured Clippis	Top Oil/Gas Pay 4386	Tubing Depth 4397					
Perforations 4386-4398, 4402-4424, 4428-4440			Depth Casing Shoe 4487					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10-3/4	8-5/8	243	165					
7-7/8	4-1/2	4487	275 SX					

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 (pilot, 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
(Signature)
Operator
(Title)

April 26, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 27 1976**, 19
BY **Original Signed by A. R. Kendrick**
TITLE **SUPERVISOR DIST. #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.

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 multiple.