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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name SCHALK 54	Well No. 1	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 4454
Location Unit Letter H ; 1850 Feet From The NORTH Line and 890 Feet From The EAST				
Line of Section 2 Township 30 NORTH Range 5 WEST, NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		XX						
Date Spudded 12/8/72	Date Compl. Ready to Prod. 12/31/72	Total Depth 8129	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6602 KB	Name of Producing Formation DAKOTA	Top Oil/Gas Pay 8018	Tubing Depth					
Perforations			Depth Casing Shoe 8128					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	10-3/4	814	310
9-7/8	7-5/8	3804	260
6-3/4	4-1/2	8128	320
	1-1/2	8048	

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)

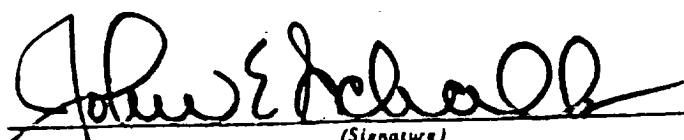
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

  
(Signature)

JOHN E. SCHALK, MANAGING PARTNER  
(Title)

June 5, 1981  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

Original Signed by FRANK T. CHAVEZ

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.

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.