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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-11
Effective 1-1-65

I.

Operator: ARAPAHOE DRILLING COMPANY

Address: P.O. BOX 26687 / ALBUQUERQUE, NEW MEXICO 87125

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Ownership [XX]

Change in Transporter of:

Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner: Coastline Petroleum Co.,Inc. / One Greenwich Plaza, Greenwich Conn 0683

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Schalk 55	1	Basin Dakota	Fed	4455

Location: Unit Letter A ; 1130 Feet From The N Line and 1180 Feet From The E

Line of Section 3 Township 30 N Range 5 W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ] — Address (Give address to which approved copy of this form is to be sent):

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [XX] — Address (Give address to which approved copy of this form is to be sent): P.O. Box 1526 , Salt Lake City, Utah

Northwest Pipeline Corporation

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	Sept. '74

If this production is commingled with that from any other lease or pool, give commingling order number: Does not apply

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1/7/73		8068	
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6498 K B	Dakota	7940	7971
			Depth Casing Shoe: 8067

Perforations:

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	10-3/4	313	300
7-7/8	4-1/2	8067	450
	2-3/8	7971	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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
(Signature)

JOHN E. SCHALK, MANAGING PARTNER
(Title)

March 15, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY Original Signed by A. R. Kendrick

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 operator, well name or number, or transporter of oil or other such change of condition. Separate Forms C-104 must be filed for each pool in