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

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/ ALBUQUERQUE, NM 87125

## II. DESCRIPTION OF WELL AND LEASE

Lease Name SCHALK 55	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM 4455
Location Unit Letter <u>A</u> ; <u>1130</u> Feet From The <u>NORTH</u> Line and <u>1180</u> Feet From The <u>EAST</u>				
Line of Section <u>3</u> Township <u>30 North</u> Range <u>5 West</u> , NMPM, <u>Rio Arriba</u> 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.	Pge.	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 Res'v.	Diff. Res'v.
		XX						
Date Spudded 1/7/73	Date Compl. Ready to Prod.		Total Depth 8068		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc., 6498 KB	Name of Producing Formation DAKOTA		Top Oil/Gas Pay 7940		Tubing Depth 7971			
Perforations					Depth Casing Shoe 8067			
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 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

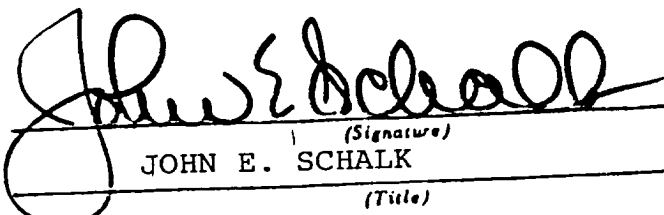
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JUN 12 1981  
OIL CON. COM.  
DIST. 3

## 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  
(Title)  
June 5, 1981  
(Date)

OIL CONSERVATION COMMISSION JUN 12 1981	
APPROVED	Original Signed by FRANK I. CHAVEZ
BY	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 multiple wells.	