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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

I. OPERATOR
 Operator: **SCHALK DEVELOPMENT COMPANY**
 Address: **P. O. BOX 25825 / ALBUQUERQUE, 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

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 49	Well No. 1	Pool Name, including Formation EAST Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 4449
Location Unit Letter M ; 1150 Feet From The WEST Line and 790 Feet From The SOUTH Line of Section 23 Township 30 NORTH Range 4 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:

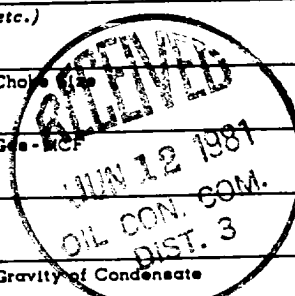
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX						
Date Spudded 3/31/73	Date Compl. Ready to Prod. 7/19/73	Total Depth 4737	P.B.T.D. 4280					
Elevations (DF, RKB, RT, GR, etc.) 7497 KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 4146	Tubing Depth 4645					
Perforations 4375-97, 4144-64			Depth Casing Shoe 4645					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8	239	150					
7-7/8	4-1/2	4645	271					
	2-3/8	4280						

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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)		



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)
 June 5, 1981
 (Date)

OIL CONSERVATION COMMISSION
JUN 12 1981
 APPROVED _____
 BY **Original Signed by FRANK T. CHAVEZ**
 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 completed wells.