NO. OF COPIES REC	EIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
BROOKTION OF	- 1		

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65 GAS		
1.	OPERATOR PRORATION OFFICE Operator					
	SCHALK DEVELOPMEN	T COMPANY				
		Change in Transporter of: Oil Dry Ga	Other (Please explain)			
	If change of ownership give name and address of previous owner	Casinghead Gas Conder		/ ALBUQ.,NM 87125		
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation Kind of Lea	se Lease No.		
	Lease Name SCHALK 49		Pictured Cliffs. Foder	ral or Fee FEDERAL NM 4449		
	Unit Letter D; 100	7 Feet From The NORTH Lir	ne and 1220 Feet From	The WEST		
	Line of Section 23 Tow	mship 30 NORTH Range 4	WEST , NMPM, RIO A	RRIBA County		
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which appr	roved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas NORTHWEST PIPELINE If well produces oil or liquids,		P.O. BOX 1526/SALT is gas actually connected?	LAKE CITY, UTAH 8411		
	give location of tanks.		NO			
IV.	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	1/09/74	1/28/74	4200 Top Oil/Gas Pay	Tubing Depth		
	Flevations (DF, RKB, RT, GR, etc.) 7123 KB	Name of Producing Formation Pictured Cliffs	3872	4200 Depth Casing Shoe		
	Perforations 3926-32, 3873-3914,	3946-54, 4096-4114	, 4128-4136	4200		
		TUBING, CASING, AN	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	12-1/4	8-5/8	169	180		
	6-1/4	2-7/8	4200	450		
	THE STATE OF THE S	OP ALLOWARIE (Test must be	ofter recovery of total volume of load o	il and must be equal to or exceed top allow		
V.	OIL WELL Date First New Oil Run To Tanks	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MC		
				Gravita of Goddensees COM		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condengage, COM-		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN		ADDROVED	JUN 1 % 1981		
	I hereby certify that the rules and a Commission have been complied above is true and complete to the		A MARKET PARTY			
(D. 15 R.D.	a CO2		in compliance with RULE 1104.		
7	TOHN E SCHALK MAI	atwe) NAGING PARTNER		apparied by a tabulation of the deviation of the deviatio		

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	D	5 }	l d	CO .	Ω	
XI.	nu	<u> </u>	/			
			(Si	gnature)		

JOHN E. SCHALK, MANAGING PARTNER

(Title)

(Date)

June 5, 1981

All sections of this form must be filled out completely for able on new and recompleted wells.

Fill out only Sections I. II, III, and VI for changes of owne well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip completed wells.