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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-110
Effective 1-1-65

ARAPAHOE DRILLING COMPANY

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

Reason(s) for filing (Check proper box)

New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☒ Castinghead 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 06830

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Schalk	54	2 Blanco Mesa Verde	State, Federal or Fee Fed	4454
Location	Unit Letter	I	1600 Feet From The	S Line and
			790 Feet From The	E
Line of Section	2	Township	30 N	Range
			5 W	, NMFM, 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 Castinghead Gas ☐ or Dry Gas ☒	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
If well produces oil or liquids, give location of tanks.	Unit
	Sec.
	Twp.
	Pge.
	Is gas actually connected? No
	When Sept. '74

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
		X						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2/9/74		5926						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6581 K B	Mesa Verde	5638						
Perforations		Depth Casting Shoe						
5818-5862, 5698-5714, 5638-5655		5924						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8	308	250					
7-7/8	4-1/2	5957	1010					
	2-3/8	5926						

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)

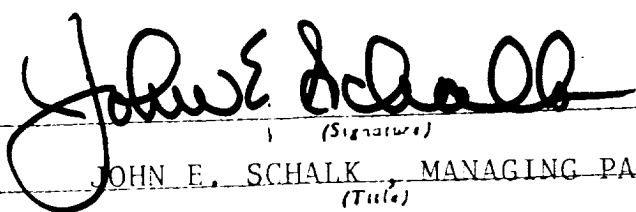
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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, MANAGING PARTNER
(Title)

March 15, 1978

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 owner, well name or number, or transporter or other such change of condition.