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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

Operator ARAPAHOE DRILLING COMPANY	
Address P.O. BOX 26687 / 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 Coastline Petroleum Co., Inc. / One Greenwich Plaza, Greenwich Conn 0683	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Schalk	Well No. 62	Pool Name, including Formation 1 Basin Dakota	Kind of Lease State, Federal or Fee Fed	Lease No. 4462
Location Unit Letter P : 1190 Feet From The S Line and 890 Feet From The E Line of Section 33 Township 32 N Range 5 W , NMPM, Rio Arriba County				

II. 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					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	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

V. 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.		Total Depth 8114		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6313 KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7863		Tubing Depth 8058			
Perforations 8086-8106, 8030-38, 7862-68, 7919-28, 7936-46					Depth Casing Shoe 8130			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4	13-3/8		307		330			
7-7/8	4-1/2		8130		300			
	2-3/8		8058					

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)

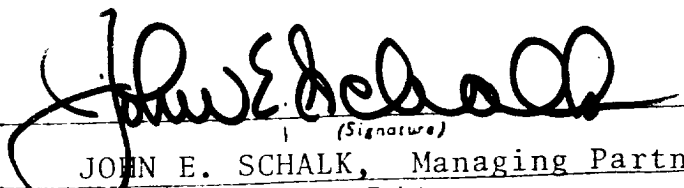
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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, Managing Partner
(Title)

March 15, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

Original Signed by A. R. Kendrick
BY _____

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 conditions. Separate Form C-104 must be filed for each pool in a well.