

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-2
Effective 1-1-65

DISTRIBUTION		
ANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	/
OPERATOR		/
PRORATION OFFICE		

I. Operator
Coastline Petroleum Company, Inc. P. O. Box 2078, Farmington, New Mexico

Address

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐ Condensate ☐

Recompletion ☐ Casinghead Gas ☐

Change in Ownership ☒

Other (Please explain)

If change of ownership give name and address of previous owner LONE STAR INDUSTRIES, INC., P. O. BOX 2078, FARMINGTON, NEW MEXICO 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schalk 63	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State; Federal or Fee Fed NM	Lease No. 4463
Location Unit Letter <u>N</u> : <u>1055</u> Feet From The <u>S</u> Line and <u>1190</u> Feet From The <u>W</u>				
Line of Section <u>34</u> Township <u>32 N</u> Range <u>5 W</u> , NMFM, 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
If well produces oil or liquids, give location of tanks.	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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded March 13 '73	Date Compl. Ready to Prod. 6-28-73	Total Depth 8046	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6240 K B	Name of Producing Formation Dakota	Top Oil/Gas Pay 7772	Tubing Depth					
Perforations 7770-82, 7826-32, 7860-70, 7810-14, 7840-54, 7886-94			Depth Casing Shoe 8046					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/4	13-3/8	313	330					
7-7/8	4-1/2	8046	600					
	2-3/8	7950						

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)

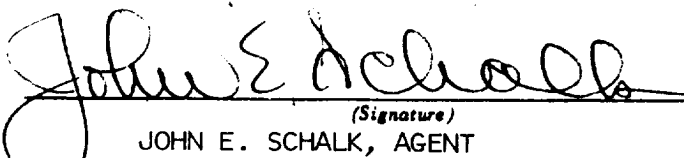
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 2313 AOF	Length of Test 4 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Well Tester	Tubing Pressure (shut-in) 2550	Casing Pressure (shut-in) 2605	Choke Size 3/32, 7/32, 1/4, 5/16

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, AGENT
(Title)
OCTOBER 4, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

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 condition.

Separate Forms C-104 must be filed for each pool in multiple