

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		2
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

Operator <b>COASTLINE PETROLEUM COMPANY, INC.</b>	
Address <b>P. O. Box 2478, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Schalk "62"</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Blanco Mesaverde</b>	Kind of Lease State, Federal or Fee <b>NM 4462</b>
Location Unit Letter <b>P</b> ; <b>1170</b> Feet From The <b>south</b> Line and <b>790</b> Feet From The <b>east</b> Line of Section <b>33</b> , Township <b>32 North</b> Range <b>5 West</b> , NMPM, <b>Rio Arriba</b> 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)	
<b>Northwest Pipeline Corporation</b>	<b>P. O. Box 1526, Salt Lake City, Utah 84110</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>None</b>	Sec. <b>None</b>
	Twp. <b>None</b>	Rge. <b>None</b>
	Is gas actually connected?	When
	<b>No</b>	

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.
		<b>XX</b>	<b>XX</b>					
Date Spudded <b>9/1/74</b>	Date Compl. Ready to Prod. <b>12/15/74</b>	Total Depth <b>5850 KB</b>	P.B.T.D.					
Pool <b>Blanco Mesaverde</b>	Name of Producing Formation <b>Mesaverde</b>	Top Oil/Gas Pay <b>5404 KB</b>	Tubing Depth <b>5425 KB</b>					
Perforations <b>5438-5456, 5608-5628, 5661-5668, 5680-5689</b>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/4"</b>	<b>8 5/8"</b>	<b>306 KB</b>	<b>200 sacks Class "C"</b>					
			<b>1st - 220 sks. Halli. &amp; 160 sks. Poz.</b>					
			<b>2nd - 286 sks. Hallilight</b>					
			<b>3rd - 350 sks. Hallilight</b>					

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 <b>12/15/74 - 2302 AOF</b>	Length of Test <b>4 hrs.</b>	Bbls. Condensate/MMCF <b>None</b>	Gravity of Condensate <b>--</b>
Testing Method (pitot, back pr.) <b>Well tester</b>	Tubing Pressure <b>322</b>	Casing Pressure <b>810</b>	Choke Size <b>7/16</b>

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.

**Ralph S. Cooley, Manager**

(Title)

**January 7, 1975**

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY **Original Signed by Emery C. Arnold**

**SUPERVISOR DIST. #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 Sections I, II, III, and VI only 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 multiply completed wells.



# Coastline Petroleum Company, Inc.

A subsidiary of LONE STAR INDUSTRIES

P. O. Box 2478 • Midland, Texas 79701  
915 684-6301

January 7, 1975

Re: Schalk 62 Well No. 3  
Section 33, Township 32 North, Range  
5 West, NMPM, Rio Arriba County,  
New Mexico

Well Spudded: 9/1/74  
Total Depth: 5850 KB  
Reached Total Depth: 9/17/74

Date	Footage	Deviation
9/1/74	307	1/2°
9/2/74	892	1
9/2/74	1330	1/2
9/3/74	1659	1/4
9/4/74	2058	0
9/4/74	2268	1/4
9/5/74	2497	1/2
9/8/74	3533	1/4
9/9/74	3870	1/4
9/10/74	4106	1/2
9/11/74	4564	1/4
9/12/74	4806	1/4
9/13/74	5110	1/4
9/15/74	5518	1/2

COASTLINE PETROLEUM COMPANY, INC.

  
Ralph S. Cooley  
Ralph S. Cooley  
Manager

STATE OF TEXAS       )  
COUNTY OF MIDLAND   )

On this 7th day of January, 1975, before me, a notary public in and for said county, personally appeared RALPH S. COOLEY, Manager for COASTLINE PETROLEUM COMPANY, INC., who is personally known to me, and makes oath that the matters set forth in the foregoing statement are true.

My commission expires:  
June 1, 1975

Sue Eakin  
Sue Eakin, Notary Public in and  
for the County of Midland, State  
of Texas