

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-105  
Effective 1-1-65

Comingled

I.

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

Operator  
Coastline Petroleum Company, Inc.

Address  
C/O JOHN E. SCHALK, P. O. BOX 2078, FARMINGTON, NEW MEXICO 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input checked="" 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 JOHN E. SCHALK, P. O. BOX 2078, FARMINGTON, NEW MEXICO 87401

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Schalk 94	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed NM	Lease No. 6894
Location Unit Letter A ; 960 Feet From The N Line and 800 Feet From The E Line of Section 26 Township 32 N Range 8 W , NMPM, San Juan 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.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	No	

If this production is comingled with that from any other lease or pool, give comingling order number:

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					
Date Spudded 8-2-73	Date Compl. Ready to Prod.		Total Depth 8408	P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.) 6793	Name of Producing Formation Dakota & Gallup		Top Oil/Gas Pay	Tubing Depth 8428				
Perforations 8370-97, 8300-90, 8360- 8258-70			Depth Casing Shoe 8446					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4	13-3/8		376		350			
7-7/8	4-1/2		8446		1170			
	2-3/8		8428					

## 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 2901	Length of Test 4 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Well Tester	Tubing Pressure (Shut-in) 1750	Casing Pressure (Shut-in) 1750	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 16, 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.

Generate Forms C-104 must be filed for each well in multiple