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U.\$.G.\$.		I		
LAND OFFICE		<		
I RANSPORTER	OIL			
	GAS	7		
OPERATOR		I_L		
PROBATION OFFICE		Т		

	FILE /	REGIS	Supersedes Old C-104 and Callettive 1-1-65			
'	U.\$.G.\$.	AUTHORIZATION TO THE	IZATION TO TRANSPORT OIL AND NATURAL GAS			
٠	LAND OFFICE		THE PART OF THE OWNER OF			
	FRANSPORTER OIL	:				
	OPERATOR /					
	PRORATION OFFICE			**************************************		
I.	Operator					
	COASTLINE PETRO	PETROLEUM COMPANY, INC.				
	Address					
	Reason(s) for filing (Check proper box)	C/O JOHN E. SCHALK, P. O. BOX 2078, FARMINGTON, NEW MEXICO 87 eson(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:	Oliver (Frence explain)			
	Recompletion	Oil Dry Go	• 🗆			
	Choinge in Ownership	Casinghead Gas Cander	nsate			
	If change of ownership give name					
	and address of previous owner					
m.	DESCRIPTION OF WELL AND	LEARE				
	Lecise Name	Well No. Page Name lackeding F	ormation Kind of Lease	Lease No.		
	SCHALK 94	1 UNDESIGNATE		or Fee FED NM 6894		
	Location A O.S.	N .	800			
	Unit Letter A ; 960 Feet From The N Line and 800 Feet From The E					
	Line of Section 26 Tow	mship 32N Range	8W , NMPM, SAN	JUAN County		
ın.	DESIGNATION OF TRANSPORT		Address (Give address to which approve	ed conv of this form is to be sent)		
	1					
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 📆	Address (Give address to which approve	ed copy of this form is to be sent)		
	NORTHWEST PIPELINE	CORPORATION	P. O. BOX 1526, SAL	T LAKE CITY, UTAH		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When			
	give location of tanks.		NO !			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
3♥.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	n – (X)		į į		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	8-2-73 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	8408 Top Oil/Gas Pay	Tubing Depth		
	, , , , , , , , , , , , , , , , , , , ,	DAKOTA & GALLUP	1 ' '	8428		
	Perforations GALLUP: 754	5' - 7560' 7570' -	- 7605 ^t	Depth Casing Shoe		
	DAKOTA: 8220'-8224'		!-8274 [†] , 8314!-8324 [†]	8446		
		TUBING, CASING, AND 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			
		<u> </u>	<u> </u>			
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 a able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Teet	Producing Method (Flow, pump, gas lift, etc.)			
	Lerigth of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bhie.	Water - Bbls.	Gas - MCF		
	GAS WELL	L.	Bbis. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D 2901	Length of Test 4 HRS	Bote. Comensule/MMCF	Gravity or commensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-im)	Choke Size		
	WELL TESTER	1750	1750	3/32.7/32.1/4.5/16		
VI.	CERTIFICATE OF COMPLIANC	Œ	OIL CONSERVAT	TION COMMISSION		
			APPROVED, 19			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED tradit				
above is true and complete to the best of my knowledge and belief.		BY APPROVED Arnoid				
0.0 < 1.0 < 0.0			TITLE			
			[-]	This form is to be filed in compliance with RULE 1104.		
V ship to a sequent for allowable for			this for a newly drilled or deepened			
	(Signature) well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.			lence with RULE 111.		
	VOHN E. SCHALK, AGENT All sections of this form must be filled out completely for			t be filled out completely for allew-		
FEBRUARY 21, 1975			Fill out only Sections I. II.	able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner.		
	(De		well name or number, or transporte	or other such change of condition.		

Separate Forms C-104 must be filed for each pool in multiply completed wells.