

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

|                  |     |   |
|------------------|-----|---|
| DISTRIBUTION     |     |   |
| SANTA FE         | 1   |   |
| FILE             | 1   | ✓ |
| U.S.G.S.         |     |   |
| LAND OFFICE      |     |   |
| TRANSPORTER      | OIL |   |
|                  | GAS | 1 |
| OPERATOR         |     |   |
| PRORATION OFFICE | 1   |   |

I.

|   |   |
|---|---|
| Operator<br>Coastline Petroleum Company. Inc.                               |   |
| Address<br>C/O JOHN E. SCHALK, P. O. BOX 2078, FARMINGTON, NEW MEXICO 87401 |   |
| 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 checked="" 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 JOHN E. SCHALK, P. O. BOX 2078, FARMINGTON, NEW MEXICO 87401

## II. DESCRIPTION OF WELL AND LEASE

|   |               |   |   |                   |
|---|---------------|---|---|-------------------|
| Lease Name<br>Schalk 94   | Well No.<br>2 | Pool Name, including Formation<br>Blanco Mesa Verde | Kind of Lease<br>State, Federal or Fee Fed NM | Lease No.<br>6894 |
| Location<br>Unit Letter M ; 1100 Feet From The S Line and 960 Feet From The W<br>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 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                                  | Gas Well                | New Well                  | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|  |   | X                       | X                         |          |        |           |             |              |
| Date Spudded<br>9-18-73                        | Date Compl. Ready to Prod.<br>10-13-73    | Total Depth<br>6313     | P.B.T.D.                  |          |        |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)<br>6893 K B | Name of Producing Formation<br>Mesa Verde | Top Oil/Gas Pay<br>5851 | Tubing Depth<br>6180      |          |        |           |             |              |
| Perforations                                   |   |                         | Depth Casing Shoe<br>6313 |          |        |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD           |   |                         |                           |          |        |           |             |              |
| HOLE SIZE                                      | CASING & TUBING SIZE                      | DEPTH SET               | SACKS CEMENT              |          |        |           |             |              |
| 17-1/4   | 13-3/8                                    | 347                     | 360                       |          |        |           |             |              |
| 7-7/8  | 4-1/2                                     | 6313                    | 490                       |          |        |           |             |              |
|  | 2-3/8                                     | 6180                    |                           |          |        |           |             |              |

## 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<br>2501 AOF             | Length of Test<br>4               | Bbls. Condensate/MMCF             | Gravity of Condensate |
| Testing Method (pilot, back pr.)<br>Well Tester | Tubing Pressure (Shut-in)<br>1100 | Casing Pressure (Shut-in)<br>1116 | 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, AGENT  
(Title)  
OCTOBER 16, 1974  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 1974  
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