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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 SCHALK DEVELOPMENT COMPANY	
Address P. O. BOX 25825 / ALBUQUERQUE, NEW MEXICO 87125	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input 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 ARAPAHOE DRILLING CO. /P.O. BOX 26687/ ALBUQUERQUE, NM 87125

DESCRIPTION OF WELL AND LEASE				
Lease Name SCHALK 94	Well No. 3	Pool Name, Including Formation Albina Pic. Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM 6894
Location Unit Letter M ; 1188 Feet From The South Line and 1107 Feet From The West				
Line of Section 26 Township 32 North Range 8 West , NMPM, San Juan County				

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 84110	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. Is gas actually connected? When
	NO

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.		
	XX		
Date Spudded 10/22/73	Date Compl. Ready to Prod. 11/16/73	Total Depth 4000	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 6893 KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3768	Tubing Depth 3891
Perforations 3815 - 3880			Depth Casing Shoe 4007
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	303	190
7-7/8	4-1/2	4000	325

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-Bbls.

GAS WELL			
Actual Prod. Test-MCF/D 556 AOF	Length of Test 4	Bbls. Condensate/MMCF	Gravity of Condensate DIST. 3
Testing Method (pitot, back pr.) Well Tester	Tubing Pressure (Shut-in) 1112	Casing Pressure (Shut-in) 1124	Choke Size 3/4

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED JUN 12 1981	
Signature JOHN E. SCHALK		Original Signed by FRANK T. CHAVEZ	
(Title)		BY SUPERVISOR DISTRICT	
June 5, 1981		TITLE	
(Date)		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 multiply completed wells.	