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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| 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  
**SCHALK DEVELOPMENT CO.**  
Address  
**P. O. BOX 25825 / ALBUQUERQUE, NM 87125**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner  
**DESCRIPTION OF WELL AND LEASE**  
Lease Name **SCHALK 94** Well No. **4A** Pool Name, Including Formation **BLANCO MESA VERDE** Kind of Lease **FEDERAL** Lease No. **NM-6894**  
Location  
Unit Letter **F** ; **1560** Feet From The **NORTH** Line and **1640** 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 ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**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. Rge. 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.  
Date Spudded **3/7/82** Date Compl. Ready to Prod. **5/5/82** Total Depth **6310'** P.B.T.D. **6220'**  
Elevations (DF, RKB, RT, GR, etc.) **6710' GR** Name of Producing Formation **MESA VERDE** Top Oil/Gas Pay **6004'** Tubing Depth **6004'**  
Perforations **5681' - 5864' TOTAL OF 27 SHOTS** Depth Casing Shoe  
**TUBING, CASING, AND CEMENTING RECORD**  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**12-1/4"** **8-5/8"** **300' 313'** **300 Class B**  
**7-7/8"** **4-1/2"** **6302' 6310'** **1st Stg: 430'**  
**2 3/8** **6004'** **2nd Stg: 830/50'**

**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  
**JUN 3 1982**  
**OIL CON. COM.**  
**DIST. 3**

**GAS WELL**  
Actual Prod. Test-MCF/D **1988** Length of Test **3 HOURS** Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pilot, back pr.) **BACK PRESSURE** Tubing Pressure (Shut-in) **1085** Casing Pressure (Shut-in) **1085** Choke Size **3/4"**

**1. 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)  
**AGENT**  
(Title)  
**JUNE 4, 1982**  
(Date)

**OIL CONSERVATION COMMISSION**  
**723-82 JUL 23 1982**  
APPROVED  
BY **Original Signed by CHARLES GHOLSON**  
**DEPUTY OIL & GAS INSPECTOR, 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 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 completed wells.