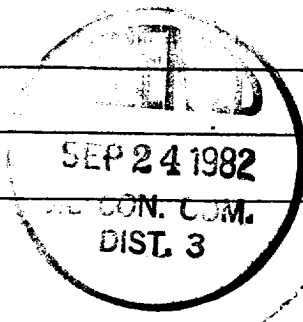


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TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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-111
Effective 1-1-65

Operator M.R. SCHALK	
Address P O BOX 25825 ALBUQUERQUE NM 87125	
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 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 _____

DESCRIPTION OF WELL AND LEASE				
Lease Name STATE GAS COM 'BA'	Well No. 1E	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee STATE	Lease No. E-8443
Location				
Unit Letter E	1690	Feet From The NORTH	Line and 1150	Feet From The WEST
Line of Section 16	Township 31N	Range 12W	NMPM, SAN JUAN	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
PLATEAU INC.	P O BOX 26251 ALBUQUERQUE NM 87125					
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)					
EL PASO NATURAL GAS COMPANY	P O BOX 990 FARMINGTON NM 87401					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 16	Twp. 31N	Rge. 12W	Is gas actually connected? NO	When -----

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.
		X	X					
Date Spudded 7/31/82	Date Compl. Ready to Prod. 8/27/82	Total Depth 7353'	P.B.T.D. 7292'					
Elevations (DF, RKB, RT, CR, etc.) 6170' GR	Name of Producing Formation BASIN DAKOTA	Top Oil/Gas Pay 7099'	Tubing Depth 7226'					
Perforations 7099' - 7234' (2SPF)			Depth Casing Shoe 7353'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8" CASING	318'	300 SKS					
7 7/8"	5 1/2" CASING	7353'	400, 690, 1350 SKS					
	2.375" TUBING	7226'						

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 596	Length of Test 3 hrs	Bbls. Condensate/MCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) 1191	Casing Pressure (shut-in) 1198	Choke Size 3/4"

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.

STEVE SCHALK
AGENT
(Title)

OIL CONSERVATION COMMISSION	
10-4-82	OCT 4 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.	