

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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DEC 04 1987
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator SCHALK DEVELOPMENT COMPANY

Address P. O. BOX 25825, ALBUQUERQUE, NEW MEXICO 87125

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SCHALK GAVILAN</u>	Well No. <u>1</u>	Pool Name, including Formation <u>WEST LINDRITH GALLUP/DAKOTA</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>NM 23043</u>
Location				
Unit Letter <u>B</u> : <u>410</u> Feet From The <u>NORTH</u> Line and <u>2300</u> Feet From The <u>EAST</u>				
Line of Section <u>34</u> Township <u>25N</u> Range <u>3W</u> , NMPM, <u>PIO APPIBA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>CONOCO INC. SURFACE TRANSPORTATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. BOX 460 HORRS, NEW MEXICO 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>EL PASO NATURAL GAS COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. BOX 4990 FARMINGTON, NEW MEXICO 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>E 34 25N 3W</u>
Is gas actually connected? When	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Jack Evans
(Signature)
PRODUCTION SUPERINTENDENT
(Title)
DECEMBER 01, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. [Signature] DEC 04 1987
BY _____
TITLE SUPERVISOR DISTRICT #3

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.