

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator M.R. Schalk	Well API No.
Address P.O. Box 25825, Albuquerque, N.M. 87125	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schalk Briny	Well No. 1	Pool Name, Including Formation West Lindrith GL/DK	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter I : 2310 Feet From The South Line and 330' Feet From The East Line Section 34 Township 25N Range 3W, NMPM, Rio Arriba 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"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460 Hobbs, N.M. 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990 Farmington, N.M. 87401	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 34
	Twsp. 25	Rge. 3
	Is gas actually connected? no	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-24-89	Date Compl. Ready to Prod. 6-19-89	Total Depth 8139'	P.B.T.D. 8070'					
Elevations (DF, RKB, RT, GR, etc.) GR 7158'	Name of Producing Formation Dakota	Top Oil/Gas Pay 7945'	Tubing Depth 7939'					
Perforations 7945' - 7970'	Depth Casing Shoe 8139'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 9 5/8	CASING & TUBING SIZE 36# K-55		DEPTH SET 255'		SACKS CEMENT 220			
4 1/2	11.6# M-75		8139'		1250			

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.)

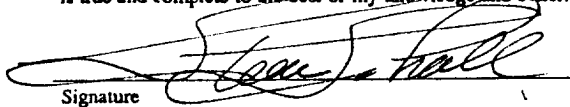
Date First New Oil Run To Tank 7-1-89 6-19-89	Date of Test 7-1-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 50	Casing Pressure 50	Choke Size
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 40	Gas- MCF 17

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature   
Steve Schalk Agent  
Printed Name Title  
July 25, 1989 (505) 881-6649  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 25 1989

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT 1

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.