

OIL CONSERVATION DIVISION

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

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 checked="" 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"/> Meridian Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4239 Houston, TX. 77210	
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
	Twp. 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded 4-24-89	Date Compl. Ready to Prod. 6-19-89	Total Depth 8139'
Elevations (DF, RKB, RT, GR, etc.) GR 7158'	Name of Producing Formation Dakota	Top Oil/Gas Pay 7945'
Perforations 7945' - 7970'		Tubing Depth 7939'
		Depth Casing Shoe 8139'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 5/8	36# K-55	255'	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	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 3/8"
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 40	Gas - MCF 173

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

Printed Name

Date

Claudia Short

Agent

December 19, 1989

(505) 881-6649

Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 20 1989**

By

Title

SUPERVISOR DISTRICT #3

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.