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SANTA FE		7		
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U.S.G.S.		i .		
LAND OFFICE				
IRANSPORTER	OIL			
	GAS	1		
OPERATOR		_3		
PRORATION OFFICE				
Operator				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	LAND OFFICE	AUTHORIZATION TO TRA	INSPURT OIL AND NATURAL	GAS	
	[RANSPORTER OIL				
	GAS /				
	OPERATOR 3	4		API 30-039-22194	
1.	PRORATION OFFICE Ciperator				
	· ·				
SCHALK DEVELOPMENT COMPANY					
	P. O. Box 2	25825 / Albuquerque	e, NM 87125		
Feason(s) for filing (Check proper box) Other (Please explain)					
	New Well XX	Change in Transporter of:			
	Fiecompletion	Oil Dry Ga Casinghead Gas Conder	≔ !		
	Change in Ownership	Casinghead Gas Conder	isdie 🔲		
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE	ormation Kind of Leas		
	Lease Name	Well No. Pool Name, Including Fo		Legse No. NM 2304	
	Schalk 31-4	l Wildcat Mesa	a verde star, star	rederal NM 2304	
Unit Letter A 1150 Feet From The NORTH Line and 960 Feet From The EAST					
	Unit Letter A :	Feet From The	e and reet from	ine	
	Line of Section 32 Tox	waship 31N Range	4W , NMPM, Ric	Arriba County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	and some of this form is to be sent!	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give daaress to which appro	over copy by this form is to be sent/	
	Name of Authorized Transporter of Car	singhead Gas or Dry GasXX	Address (Give address to which appro	oved copy of this form is to be sent)	
	Northwest Pipeline C		1	lt Lake City, Utah	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	nen	
	give location of tanks.		No		
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completic		New Well Worksver Deepen	Tray Back Same (test)	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	11/13/79		6230	6197	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	6614 GR	Mesa Verde		5931	
	Perforations			Depth Casing Shoe	
	5932 - 5955 1 Hole / Ft. TUBING, CASING, AND CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4	8-5/8	330	215 sxs.	
	7-7/8	4-1/2	6230	235 sxs / 280 sxs.	
	7.7.5				
			<u> </u>		
V.	EST DATA AND REQUEST FOR ALLOWABLE (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)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas I	ift, etc.)	
	Date i liet iven ou item to temp				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				0	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
		<u> </u>			
	CAC WELL		· ·		
	Actual Prod. Tout-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		1110.	<u> </u>	3/4"	
VI.	CERTIFICATE OF COMPLIANCE			ATION COMMISSION	
	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.		APPROVED	3 2 ° 1980	
			BY Original Signed by FRANK T. CHAVEZ		
			TITLE SUPERVISOR DISTRICT # 3		
			This form is to be filed in compliance with RULE 1104.		
	(Sign	ature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Managing Partner All sections of this form must be filled out completely form			ust be filled out completely for allow-	
(Title) able on new and re			le able on new and recompleted t	Aefte.	
1/8/80		Fill out only Sections I,	II. III, and VI for changes of owner, ree, or other such change of condition.		
		ate)	Separate Forms C-104 must be filed for each pool in multiply		
			completed wells.		