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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

Operator M.R. SCHALK <i>Amaco</i>	
Address P O BOX 25825 ALBUQUERQUE NEW MEXICO 87125	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name FULLERTON GAS COM	Well No. 1E	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. SF077978
Location				
Unit Letter <u>P</u> ; <u>790</u> Feet From The <u>SOUTH</u> Line and <u>790</u> Feet From The <u>EAST</u>				
Line of Section <u>34</u> Township <u>28N</u> Range <u>13W</u> , NMPM, <u>SAN JUAN</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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 P	Sec. 34
	Twp. 28N	Rge. 13W
	Is gas actually connected? <u>NO</u> When <u>---</u>	

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 12/7/81	Date Compl. Ready to Prod. 2/7/82	Total Depth 6359'		P.B.T.D. ---					
Elevations (DF, RKB, RT, CR, etc., 6033' GR	Name of Producing Formation DAKOTA	Top Oil/Gas Pay ----		Tubing Depth 6248'					
Perforations 6172' - 6262' (140 shots)		Depth Casing Shoe 6359'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8" CASING		321'		300 SKS			
7 7/8"		4 1/2" CASING		6359'		1st 380 SKS, 600 SKS			
		2 3/8" TUBING		6248'		3rd 430 SKS			

TEST 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)

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 2792	Length of Test THREE HOURS	Bbls. Condensate/MMCF ----	Gravity of Condensate ---
Testing Method (piros, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1780	Casing Pressure (Shut-in) 1740	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 Hall
(Signature)
AGENT
(Title)
3/16/82
(Date)

OIL CONSERVATION COMMISSION
3
APPROVED *MAR 30 1982*
Original Signed by *FRANK T. CHAVEZ*
BY
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.
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.