

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION	
ALBUQUERQUE	
SANTA FE	
ILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

Coastline Petroleum Company, Inc. P. O. Box 2078, Farmington, New Mexico

Address

Reason(s) for filing (Check proper box)

New Well



Change in Transporter of:

Recompletion



Oil



Dry Gas



Change in Ownership



Casinghead Gas



Condensate



Other (Please explain)

If change of ownership give name and address of previous owner LONE STAR INDUSTRIES, INC., P. O. BOX 2078, FARMINGTON, NEW MEXICO 87401

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Schalk 52	Well No.	3	Pool Name, including Formation	Pictured Cliffs	Kind of Lease	Fed NM	Lease No.	4452
Location									
Unit Letter	E	858	Feet From The	W	Line and	2418	Feet From The	N	
Line of Section	24	Township	29 N	Range	5 W	NMPM, Rio Arriba			County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
Northwest Pipeline Corporation	P.O. Box 1526 Salt Lake City, Utah	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
Is gas actually connected?	When	
No	Sept/ '74	

If this production is commingled with that from any other lease or pool, give commingling order number: Does not apply

## IV. 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	Date Compl. Ready to Prod.		Total Depth	P.B.T.D.				
12-04-74	12-16-74		3630					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		True Gas/Gas Day	Tubing Depth				
6515 KB	Pictured Cliffs		3414	3491				
Perforations	Depth Casing Shoe							
3428-3440, 3446-3500	3634							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		177		175 SX			
7-7/8	5-1/2		3634		258			
	2-3/8		3491					

## 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)

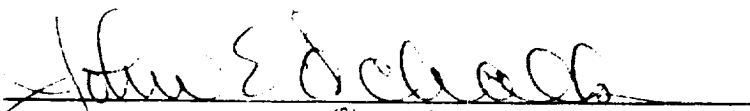
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
10,327 AOF	4 hrs		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
well tester	1167	1167	3/32, 7/32, 1/4, 5/16

## VI. 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.

  
(Signature)  
JOHN E. SCHALK, AGENT  
(Title)  
OCTOBER 4, 1974  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

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 1111.

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 multiple