

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

DISTRIBUTION			
ALTA FE		1	
FILE		1	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR			
PRORATION OFFICE			

I. Operator Coastline Petroleum Company, Inc. %John E. Schalk
Address P. O. Box 2078, Farmington, New Mexico

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 ONE STAR INDUSTRIES, INC. P. O. BOX 2078, FARMINGTON, NEW MEXICO 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Schalk -52</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Pictured Cliffs</u>	Kind of Lease State, Federal or Fee Fed NM	Lease No. <u>4452</u>
Location Unit Letter <u>J</u> <u>2058</u> Feet From The <u>S</u> Line and <u>1312</u> Feet From The <u>E</u> Line of Section <u>24</u> Township <u>29 N</u> Range <u>5 W</u> , NMPM, <u>Rio Arriba</u> 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)	
<u>Northwest Pipeline Corporation</u>	<u>P.O. Box 1526 Salt Lake City, Utah</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When
		<u>No</u>

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'ty.	Diff. Res'ty.
		<u>X</u>	<u>X</u>					
Date Spudded <u>12-14-73</u>	Date Compl. Ready to Prod. <u>1-8-74</u>	Total Depth <u>3640</u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>6544 KB</u>	Name of Producing Formation <u>Pictured Cliffs</u>	True Oil Gas Pay <u>3442</u>		Tubing Depth <u>3636</u>				
Perforations <u>3451-3480, 3488-3515</u>				Depth Casing Shoe <u>3636</u>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>12-1/4</u>	<u>8-5/8</u>	<u>182</u>		<u>170</u>				
<u>6-3/4</u>	<u>2-7/8</u>	<u>3636</u>		<u>450</u>				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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 <u>3888 AOF</u>	Length of Test <u>4</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Well tester</u>	Tubing Pressure (Shut-in) <u>1111</u>	Casing Pressure (Shut-in)	Choke Size <u>3/32, 7/32, 1/4, 5/16</u>

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.

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

OIL CONSERVATION COMMISSION

APPROVED NOV 19 1974
Original Signed by Supervisor
BY Supervisor
TITLE Supervisor

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 multiple