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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator

SCHALK DEVELOPMENT COMPANY

Address

P. O. BOX 25825 / ALBUQUERQUE, NEW MEXICO   87125

Reason(s) for filing (Check proper box)

New Well ☐   Change in Transporter of: Other (Please explain)

Recompletion ☐   Oil ☐   Dry Gas ☐

Change in Ownership [XX]   Casinghead Gas ☐   Condensate ☐

If change of ownership give name and address of previous owner ___ ARAPAHOE DRILLING CO. / P.O. BOX 26687 / ALBUQ.,NM   87125

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SCHALK 52	6	Blanco Mesa Verde	State, Federal or Fee FEDERAL	NM 4452

Location

Unit Letter ___ H ___ : ___ 2456 ___ Feet From The ___ NORTH ___ Line and ___ 795 ___ Feet From The ___ EAST ___

Line of Section ___ 24 ___ Township ___ 29 NORTH ___ Range ___ 5 WEST ___ , NMPM, ___ RIO ARRIBA ___ County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas [XX] NORTHWEST PIPELINE CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1526/SALT LAKE CITY,UTAH 84110

| If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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	Gas Well XX	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded 6/14/74	Date Compl. Ready to Prod. 7/7/74	Total Depth 5795	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 6544 KB	Name of Producing Formation MESA VERDE	Top Oil/Gas Pay 5364	Tubing Depth 5686

Perforations 5566-70, 5662-94, 5358-78, 5404-14, 5428-56, 5464-74	Depth Casing Shoe 5830

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	347	300
7-7/8	4-1/2	5794	630

V. 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)

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
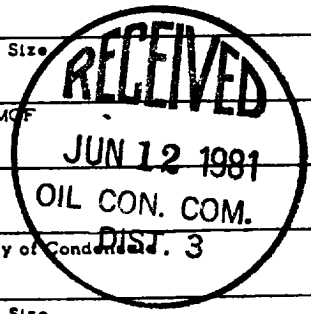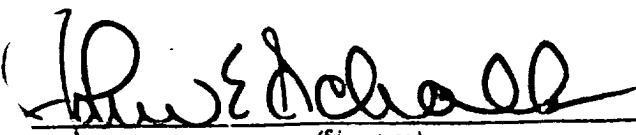
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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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, MANAGING PARTNER
(Title)

___ 5, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED ___ JUN 12 1981 ___

BY ___ Original Signed by FRANK T. CHAVEZ ___

SUPERVISOR DISTRICT # 3

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