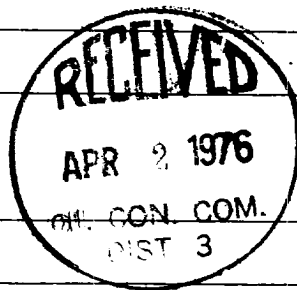


DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		1
PRORATION OFFICE		

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 JOHN E. SCHALK	
Address P.O. BOX 26687, ALBUQUERQUE, NEW MEXICO 87125	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>
If change of ownership give name and address of previous owner	



II. DESCRIPTION OF WELL AND LEASE

Lease Name SCHALK 29-4	Well No. 1	Pool Name, Including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 18328
Location				
Unit Letter M	890	Feet From The S	Line and 865	Feet From The W
Line of Section 32	Township 29 N	Range 4 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. Twp. Rge. Is gas actually connected? When
	32 29N 4W NO

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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 4-26-75	Date Compl. Ready to Prod. 5-25-75	Total Depth 8949	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 7479 GR	Name of Producing Formation MESAVERDE	Top Oil/Gas Pay 6318	Tubing Depth 6318					
Perforations 6318-6332, 6392-6426, 6470-6492, 6628-6658, 6681-6697,	6736-6748, 6757-6771					Depth Casing Shoe 6914		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15	12 3/4	325	230					
7 7/8	4 1/2	6914	353					

VI. 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)

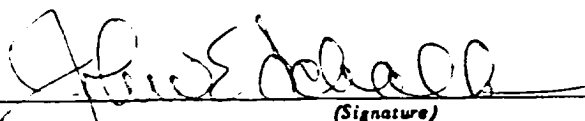
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1146	Length of Test 3 HRS.	Bbls. Condensate/MMCF NONE	Gravity of Condensate
Testing Method (pilot, back pr.) WELL TESTER	Tubing Pressure (Shut-in) 603	Casing Pressure (Shut-in) 1116	Choke Size .750

1. 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)

OPERATOR
(Title)

APRIL 1, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 2 1976, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #3

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