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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-105
 Effective 1-1-65

Operator: **JOHN E. SCHALK**

Address: **P.O. BOX 25825, ALBUQUERQUE, NEW MEXICO 87125**

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:

II. DESCRIPTION OF WELL AND LEASE

Lease Name SCHALK 29-4	Well No. 5	Pool Name, including Formation PICTURED CLIFF <i>Gobernador</i>	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 18319
Location Unit Letter 0 ; 880' Feet From The SOUTH Line and 1780' Feet From The EAST				
Line of Section 20 Township 29N Range 4W , 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)
NORTH WEST PIPELINE CORPORATION	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? When
	NO

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 7/13/76	Date Compl. Ready to Prod.	Total Depth 4375'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 7162' GR	Name of Producing Formation PICTURED CLIFF	Top Oil/Gas Pay 4054'	Tubing Depth 4013'					
Perforations 4054-4060; 4078-4084; 4105-4148		Depth Casing Shoe 1 SHOT/FOOT						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8"	642'	200 SX					
7 7/8"	4 1/2"	4375'	125 SX					
	1 1/2" TUBING	4013'						

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 TEMPORARY HOOK-UP TO NORTH WEST PIPELINE METER RUN

Actual Prod. Test - MCF/D 40F 658	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 1120 #	Casing Pressure (Shut-in) 1120#	Choke Size .750"

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]

 (Signature)

 (Title)

 (Date)

OIL CONSERVATION COMMISSION
OCT 23 1978

APPROVED _____, 19____
 BY Original Signed by A. R. Kendrick
SUPERVISOR DIST. #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 completed wells.