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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
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

API 30-039-21620

I. 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. 7	Pool Name, Including Formation Choza Mesa Pic. Cliffs	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-18325
Location Unit Letter K ; 1740 Feet From The South Line and 1560 Feet From The West Line of Section 26 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 checked="" type="checkbox"/> Graves Oil and Butane Company <i>Platoon</i>	Address (Give address to which approved copy of this form is to be sent) Box 2077 / Farmington, NM 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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

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.
		XX	XX					
Date Spudded 5/14/79	Date Comp.. Ready to Prod. 6/8/79		Total Depth 4360		P.B.T.D. 4308			
Elevations (DF, RKB, RT, GR, etc.) 7060 GR	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay		Tubing Depth 4010			
Perforations 3778 - 4059 Total 41 Shots					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8 24#		266		200			
7-7/8"	4-1/2 10.5#		4360		200			
	2-1/16		4010					

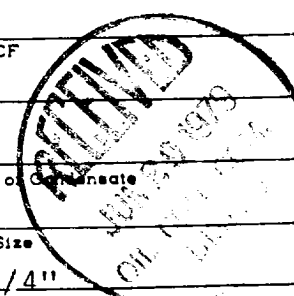
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 610	Casing Pressure (Shut-in) 610	Choke Size 3/4"



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)  
OPERATOR  
(Title)  
June 28, 1979  
(Date)

OIL CONSERVATION COMMISSION  
JUL 13 1979  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by J. D. Kendrick  
SUPERVISOR DISTRICT #2  
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.