

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-111 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE AND			
SANTA FE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PRORATION OFFICE					
Operator M.R. SCHALK <i>Amaco Production Co.</i>					
Address P O BOX 25825 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 *M.R. Schalk*

DESCRIPTION OF WELL AND LEASE			
Lessee Name STATE GAS COM 'BI'	Well No. 1E	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee STATE
Lease No. E-8279			
Location			
Unit Letter <u>A</u> ; <u>970</u> Feet From The <u>NORTH</u> Line and <u>880</u> Feet From The <u>EAST</u>			
Line of Section <u>16</u> Township <u>30N</u> Range <u>13W</u> , NMPM, <u>SAN JUAN</u> County			

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)	
<i>Platorre</i>			
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)	
EL PASO NATURAL GAS COMPANY		P O BOX 990 FARMINGTON NM 87401	
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: _____

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 11/25/81	Date Compl. Ready to Prod. 1/30/82	Total Depth 6350'			P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.) 5562' GL	Name of Producing Formation DAKOTA	Top Oil/Gas Pay 6090'			Tubing Depth 6211'				
Perforations 6090' - 6120' 6150' - 6205'					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8" CASING		304'		300 SKS			
7 7/8"		5 1/2" CASING		6344'		1st STAGE 450 SKS			
		2.375" TUBING		6211'		2nd STAGE 1000 SKS			

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 1674	Length of Test 3 hrs.
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1468
Bbls. Condensate/MMCF	Gravity of Condensate
Casing Pressure (Shut-in) 1725	Choke Size 3/4"

CERTIFICATE OF COMPLIANCE		3-16-82 OIL CONSERVATION COMMISSION	
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.		APPROVED <i>MAK</i> 1982	
<i>Steve Schalk</i> (Signature) AGENT (Title) 2/26/82 (Date)		BY Original Signed by FRANK T. CHAVEZ 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.	