

DISTRIBUTION		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-1 Effective 1-1-82	
SANTA FE											
FILE											
U.S.G.S.											
LAND OFFICE											
TRANSPORTER	OIL										
	GAS										
OPERATOR											
PRODUCTION OFFICE											
Operator SCHALK DEVELOPMENT COMPANY											
Address P O BOX 25825 / ALBUQUERQUE NM 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											
DESCRIPTION OF WELL AND LEASE											
Lease Name		Well No.		Pool Name, including Formation		Kind of Lease		Lease No.			
SCHALK 94		4		BLANCO MESA VERDE		State, Federal or Fee FEDERAL		NM6894			
Location											
Unit Letter		A		1120		Feet From The		NORTH		Line and 860	
Line of Section		26		Township		32N		Range		8W	
										, NMPM, SAN JUAN	
										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)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input 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, UT 84110					
If well produces oil or liquids, give location of tanks.		Unit		Sec.		Twp.		Rge.		Is gas actually connected?	
		A		26		32N		8W		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	
				X		X					
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.					
2/3/82		4/28/82		6390'		6348'					
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth					
6796'		BLANCO MESA VERDE		5831'		6004'					
Perforations		5831' - 6071'		26 HOLES		Depth Casing Shoe					
						6390'					
TUBING, CASING, AND CEMENTING RECORD											
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
12 1/4"		8 5/8" CASING		318' KB		300 SKS					
7 7/8"		4 1/2" CASING		6390' KB		20300, 375 SKS					
		2 3/8" TUBING		6004'		50 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		Length of Test		Bbls. Condensate/MCF		Gravity of Condensate					
950		3 hrs		NONE		N/A					
Testing Method (pilot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)		Choke Size					
BACK PRESSURE		1130		1130		3/4"					
I. 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.											
STEVE SCHALK AGENT 8/2/82											
OIL CONSERVATION COMMISSION AUG 5 1982 APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 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 deviated 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 filled for each pool in multiple completed wells.											