Supersedes Old C-104 and C-116

DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 ANTA FE REQUEST FOR ALLOWABLE FILE AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRANSPORTER OPERATOR PRORATION OFFICE Operator JOHN E. SCHALK 87125 P. O.BOX 25825 / ALBUQUERQUE, NM Reason(s) for filing (Check proper box) Other (Please explain) X Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE 'ell No. Poc. Name, Including Formation Kind of Lease Lease No. 2 Schalk-Gulf Blanco Mesa Verde State, Federal or Fee Federal SF080565+7 925 790 North East Feet From The Line and Feet From The Rio Arriba 25N , NMPM. Line of Section Township Range County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be se 7700ĺ P.O. Box 1183, Houston, TX The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas XX 79978 El Paso Natural Gas Co. P. O. Box 1492, El Paso, TX Is gas actually connected? Sec. Unit Twp. P.ge. If well produces oil or liquids, give location of tanks. √3W 1 8 25N No G If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workever Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion -(X)XX XX Date Compl. Ready to Prod. Total Depth Date Spudded P.B.T.D 6282 6280 10/29/81 6/11/81 Elevations (DF, RKB, RT, GR, etc., Top Oil/Gas Pay Name of Producing Formation Tubing Depth 5868 Blanco Mesa Verde 5346 7168' GR 5447 24 Holes Depth Casing Shoe 5346 -6280 5840 - 5984 25 Holes TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT Class B CASING & TUBING SIZE HOLE SIZE 24# 8-5/8 311 210 Class 12 - 1/46282 400 / 170 sxs 4 - 1/210.5# 7-7/8 5868 2-3/8 4.7# V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Tubing Pressure Length of Test Cosing Pressure Water - Bhis. Actual Prod. During Test Cil-Bbls. OH CON. COM. DIST. **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size 1252 1252 Back Pressure 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 Original Signed by FRANK T. CHAVEZ BY_

VI. CERTIFICATE OF COMPLIANCE

(Signature) AGENT (Title) 1981 December 2,

(Date)

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.

Sanarata Forms C-104 must be filled for each cool in multiple