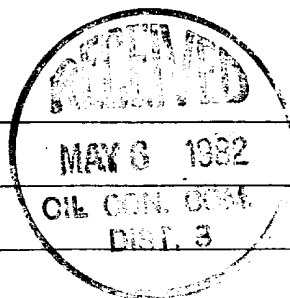


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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-114
Effective 1-1-65



Operator M. R. SCHALK	
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

1-149-IND-8182

Lease Name CHARLES HOSH	Well No. 1E	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee INDIAN	Lease No.
Location				
Unit Letter J	1850	Feet From The SOUTH	Line and 1540	Feet From The EAST
Line of Section 12	Township 27N	Range 13W	, NMPM, SAN JUAN County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
PLATEAU INC.	P O BOX 26251 ALBUQUERQUE NM 87125
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
J 12 27N 13W	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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 1/21/82	Date Compl. Ready to Prod. 4/13/82	Total Depth 6062'	P.B.T.D. 6018'					
Elevations (DF, RKB, RT, GR, etc.) 5794' GR	Name of Producing Formation DAKOTA	Top Oil/Gas Pay 5872'	Tubing Depth 5951'					
Perforations 5872' - 5958' (120 HOLES)			Depth Casing Shoe 6060'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" CASING		272'		325			
7 7/8"	5 1/2" CASING		6060'		330, 412, 227			
	2 3/8" TUBING		5951'					

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 1450	Length of Test 3 hrs	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1160	Casing Pressure (Shut-in) 1265	Choke Size 3/4"

1. 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
(Signature)
AGENT
(Title)
5/3/82
(Date)

OIL CONSERVATION COMMISSION

8-9-82
APPROVED **AUG 09 1982**, 19

BY **Original Signed by FRANK T. CHAVEZ**

SUPERVISOR DISTRICT 8
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 filled for each pool in multiply completed wells.

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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-110
Effective 1-1-65

Operator AMOCO PRODUCTION COMPANY	
Address 501 AIRPORT ROAD FARMINGTON NEW MEXICO 87401	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner M.R. SCHALK P O BOX 25825 ALBUQUERQUE NM 87125

DESCRIPTION OF WELL AND LEASE 1-149-IND-8182

Lease Name CHARLES/HOSH	Well No. 1E	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee INDIAN	Lease No.
Location				
Unit Letter J ; 1850 Feet From The SOUTH Line and 1540 Feet From The EAST				
Line of Section 12 Township 27N Range 13W , NMPM, SAN JUAN County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
PLATEAU INC.	P O BOX 26251 ALBUQUERQUE NM 87125
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
J 12 27N 13W	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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Original Signed By
E. E. SVO300A
(Signature)
District Administrative Supervisor
MAR 16 1982 (Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 17 1982
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT VII

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.
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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
Effective 1-1-65

Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input 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 checked="" type="checkbox"/>

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DIST. 3

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		1-149-IND-8182
Lease Name Charley Hosh	Well No. Pool Name, Including Formation 1E Basin Dakota	Kind of Lease State, Federal or Fee Indian
Location		
Unit Letter J	1850 Feet From The South Line and 1540 Feet From The East	
Line of Section 12	Township 27N	Range 13W
NMPM, San Juan		County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Transporter of Oil or Condensate <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Permian Corporation Permian (EN. 9/1/87)	P. O. Box 1702 Farmington NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	EI Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990 Farmington NM 87401	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 12	Twp. 27N
		Pge. 13W	

If this production is commingled with that from any other lease or pool, give commingling order number:

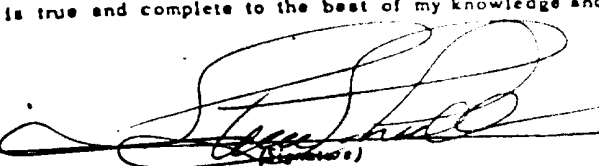
COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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

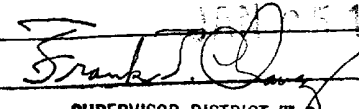
GAS WELL		EST. 3	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
(Title)
9/20/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED 
BY
TITLE SUPERVISOR DISTRICT #6

1530 5 1985

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
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