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| ** | DISTRIBUTI | | \sqcap | | |
| | SANTA FE | 1 | \vdash | , | |
| | FILE | | 1 | | |
| | U.S.G.S. | ++- | | | |
| | LAND OFFICE | <u> </u> | | | |
| | TRANSPORTER | OIL | | | |
| | | GAS | | | |
| | OPERATOR | | | | |
| 1. | PRORATION OF | | | | |
| | Operator | | | | _ |

| DISTRIBUTION | | | 3270 | |
|----------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------|--|
| SANTA PE | NEW MEXICO | NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND Port C-104 Supercedes Old | | |
| FILE | KEUL | | | |
| U.S.G.S. | AUTHORIZATION | AND | | |
| LAND OFFICE | TOTHORIZATION TO | TRANSPORT OIL AND NATU | JRAL GAS | |
| TRANSPORTER OIL | | | | |
| GAS | | • | | |
| OPERATOR | | | | |
| PROPATION OFFICE | | | | |
| | _ | %John E. S | cho la | |
| Address Pe | etroleum Company, Inc. | P. O. Box 2078 Fa | rmington N W | |
| , | | 2070, 14 | Imington, New Mexico | |
| Reeson(s) for filing (Check ; | | | | |
| New Well | | Other (Please explain | | |
| Recompletion | Change in Transporter of: | , , , , , , , , , , , , , , , , , , , , | | |
| Change in Ownership X | | Pry Gas | | |
| Charles in Conterent p[// | Casinghead Gas C | Condensate | | |
| If change of ownership give | name LONE CTAR TARREST | | | |
| and address of previous ow | name LONE STAR INDUSTRIES, | INC., P. O. BOX 2078, | FARMINGTON, NEW MEXICO 97 | |
| II DESCRIPTION OF THE | | | THE PEXICO 87 | |
| II. DESCRIPTION OF WELL | L AND LEASE | | | |
| Schalk 52 | Well No. Pool Name, Includi | | f Lease | |
| Location | 6 Blanco Me | sa Verde State, | Federal or Fee Fed 4452 | |
| H | 2456 | | 100 4432 | |
| Unit Letter | 2456 Feet From The N | Line and 795 | 5 m F | |
| Line of Section 24 | 20.00 | | r rom The 1 | |
| Eine of Section 2-7 | Township 29 N Range | 5 W , NMPM, Ri | o Arriba | |
| I. DESIGNATION OF TRAN | 10Donata - | | Count | |
| Name of Authorized Transport | SPORTER OF OIL AND NATURAL | GAS | | |
| | er of Oil or Condensate | Address (Give address to which | approved copy of this form is to be sent) | |
| Name of Authorized Transporte | r of Castashard G | ! | | |
| Northwest Dine | er of Casinghead Gas or Dry Gas | Address (Give address to which | approved copy of this form is to be sent) | |
| | eline Corporation | P.O. BOX 1526 S | alt Lake City. Utah | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | is gas actually connected? | When the City. Utan | |
| | | No | 1 | |
| If this production is comming | gled with that from any other lease or po | ol give compile | <u> </u> | |
| . COMPLETION DATA | | or, give commingling order number | | |
| Designate Type of Con | Oil Well Gas Well | New Well Workover Deepe | n Plug Back Same Besty Diff Bar | |
| | | x | n Plug Back Same Restv. Diff. Res | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | D. R. C. | |
| 6-14-74 | 7-7-74 | 5795 | P.B.T.D. | |
| Elevations (DF, RKB, RT, GR, | | Top Oil/Gas Pay | | |
| 6544 K B | Mesa Verde | 5354 | Tubing Depth 5686 | |
| 5566-70.5662-94 | 5358-78 5404 14 5400 | | Depth Casing Shoe | |
| | ,5358-78,5404-14,5428- | 56,5465-74 | 5830 | |
| | | ND CEMENTING RECORD | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | |
| 12-1/4 | 8-5/8 | 347 | SACKS CEMENT | |
| 7-7/8 | 4-1/2 | 5794 | 300 | |
| | | 3/34 | 630 | |
| | | | | |
| TEST DATA AND REQUE | ST FOR ALLOWARIE (Test Tour be | | | |
| WILL WELL | able for this | ageer recovery of total volume of load depth or be for full 24 hours) | oil and must be equal to or exceed top allow | |
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, ga | | |
| | | The most of som, pump, go | tift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Chalass | |
| | | | Choke Size | |
| Actual Prod. During Test | Oil-Bbis. | Water - Bble, | 6 40- | |
| | | | Gas - MCF | |
| | | | | |
| GAS WELL | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | | |
| 3095 AOF | 4 | Dois: Contienadte/MMCF | Gravity of Condensate | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Coolea December 4 de 1 | | |
| Well Tester | 663 | Casing Pressure (Shut-in) 1141 | Choke Size | |
| CERTIFICATE OF COMPLI | IANCE | | 3/4 | |
| | ANCE | OIL CONSERV | ATION COMMISSION | |
| hereby cortifu that the suite | | | | |
| | and regulations of the Oil Conservation ed with and that the information given | APPROVED | , 19 | |
| bove is true and complete to | the best of my knowledge and belief. | BY Original Signed by | మాములు. ఏ ఉంటాంకటే | |
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| 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | . · | TITLE | CARROLLAND LAND SA | |
| | 4 a C a C C C | P. 3 | | |
| | 1 COLON | This form is to be filed in compliance with RULE 1104. | | |
| (5 | ignature) | | wable for a newly drilled or deepened | |
| JOHN E. SCHALK, | AGENT | tests taken on the well in accomp | | |
| | (Title) | All sections of this form m | not be filled out completely a | |
| OCTOBER 4, 1974 | | and the secompleted # | ATTE | |
| - | (Date) | well name or number or transport | II. III, and VI for changes of owner, | |
| | | in the same of themself, or tremepor | rter, or other such change of condition. | |
| | | | The sech need in multiple | |