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| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | 2 |
| PRODUCTION OFFICE | |

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 1-1-65

Operator
ARAPAHOE DRILLING COMPANY

Address
P.O. BOX 26687 / ALBUQUERQUE, NEW MEXICO 87125

Reason(s) for filing (Check proper box)

| | | |
|---|---|-------------------------------------|
| New Well <input type="checkbox"/> | Change In Transporter of: | Other (Please explain) |
| 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"/> |

If change of ownership give name and address of previous owner: **Coastline Petroleum Co., Inc. / One Greenwich Plaza, Greenwich Conn 06833**

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------------|---|--|--------------------------|
| Lease Name Schalk | Well No. 62 | Pool Name, Including Formation Rosa Undesignated Gallup | Kind of Lease State, Federal or Fee Fed | Lease No. 4462 |
| Location Unit Letter E ; 1760 Feet From The N Line and 1190 Feet From The W | | | | |
| Line of Section 33 Township 32 N Range 5 W , NMPM, Rio Arriba County | | | | |

II. 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 type="checkbox"/> or Dry Gas <input checked="" 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, Utah |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | No Sept. '74 |

If this production is commingled with that from any other lease or pool, give commingling order number: **Does not Apply**

III. COMPLETION DATA

| | | | | | | | | |
|---|--|--------------------------------|-----------------------------|----------|--------|----------------------------------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | | | | | | |
| Date Spudded 6/28/73 | Date Compl. Ready to Prod. 8/12/73 | Total Depth 7717 | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6808 K B | Name of Producing Formation Gallup | Top Oil/Gas Pay 7660 | Tubing Depth 7702 | | | | | |
| Perforations 7674-1/2 to 7686-1/2 Open Hole 7660-7717 | | | | | | Depth Casing Shoe 7660 | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 15" | 10-3/4 | 334 | 300 | | | | | |
| 7-7/8 | 5-1/2 | 7660 | 150 | | | | | |
| | 2-3/8 | 7702 | | | | | | |

IV. 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 (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.


(Signature)
JOHN E. SCHALK, MANAGING PARTNER
(Title)
March 15, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Original Signed by A. R. Kendrick**
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.