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| DISTRIBUTION           |     |            |   |  |
| SANTA FE               |     | 1          |   |  |
| FILE                   |     | $\Gamma T$ |   |  |
| U.\$.G.\$.             |     | 1          |   |  |
| LAND OFFICE            |     |            |   |  |
| IRANSPORTER            | OIL |            |   |  |
|                        | GAS | 17         |   |  |
| OPERATOR               |     | 1          |   |  |
| PRORATION OFFICE       |     | 7          |   |  |

|   | SANTA FE /  | 1   | FOR ALLOWABLE  | Form C-104 Supersedes Old C-104 and C-110 |  |                 |   |            |   |  |  |
|---|---|---|--|---|--|-----------------|---|------------|---|--|--|
|   | FILE / -  |   | AND  | Effective 1-1-65                          |  |                 |   |            |   |  |  |
|   | U.S.G.S.  | ■ AUTHORIZATION TO TRA                                | ANSPORT OIL AND NATURAL (  | GAS                                       |  |                 |   |            |   |  |  |
|   | LAND OFFICE   | _   |  |   |  |                 |   |            |   |  |  |
|   | TRANSPORTER OIL   | 4   |  |   |  |                 |   |            |   |  |  |
|   | GAS /   | _   |  |   |  |                 |   |            |   |  |  |
|   | OPERATOR /  | 4   |  |   |  |                 |   |            |   |  |  |
| 1.  | PRORATION OFFICE Operator                                       |   |  |   |  |                 |   |            |   |  |  |
|   | JOHN E. SCHA  | LK  |  | ·   |  |                 |   |            |   |  |  |
|   | Address   |   |  |   |  |                 |   |            |   |  |  |
|   | P. O. BOX 25  | 825 / ALBUQUERQUE                                     | , NEW MEXICO 871   | 125                                       |  |                 |   |            |   |  |  |
|   | Reason(s) for filing (Check proper box                          | :)  | Other (Please explain)   |   |  |                 |   |            |   |  |  |
|   | New Well  | Change in Transporter of:                             |  |   |  |                 |   |            |   |  |  |
|   | Recompletion  | Oil Dry Go  | ıs   |   |  |                 |   |            |   |  |  |
|   | Change in Ownership   | Casinghead Gas Conder                                 | nsate 🔲  |   |  |                 |   |            |   |  |  |
|   |   |   |  |   |  |                 |   |            |   |  |  |
|   | If change of ownership give name and address of previous owner. |   |  |   |  |                 |   |            |   |  |  |
|   | and address of provides owner                                   |   |  |   |  |                 |   |            |   |  |  |
| II.   | DESCRIPTION OF WELL AND   | LEASE   |  |   |  |                 |   |            |   |  |  |
|   | Lease Name  | Well No. Pool Name, Including F                       |  |   |  |                 |   |            |   |  |  |
|   | SCHALK 29-4   | 17 Choza Mesa P                                       | ic. Cliffs State, Federa   | or Fee Federal 18324                      |  |                 |   |            |   |  |  |
|   | Location  | E COUTU   | 0.05   | E A CITI                                  |  |                 |   |            |   |  |  |
|   | Unit Letter; 148  | 5 Feet From The SOUTH Lin                             | ne and 985 Feet From   | The EAST                                  |  |                 |   |            |   |  |  |
|   | 2.5   | 20N   | AW Die   | A man i b a                               |  |                 |   |            |   |  |  |
|   | Line of Section 25 To   | wnship 29N Range                                      | 4W , NMPM, Rio   | Arriba County                             |  |                 |   |            |   |  |  |
|   |   |   | _  |   |  |                 |   |            |   |  |  |
| III.  | Name of Authorized Transporter of Oi                            | TER OF OIL AND NATURAL GA                             | Address (Give address to which appro   | ved copy of this form is to be sent)      |  |                 |   |            |   |  |  |
|   | Rame of Authorized Transporter of O.                            |   |  |   |  |                 |   |            |   |  |  |
|   | Name of Authorized Transporter of Co                            | singhead Gas or Dry Gas X                             | Address (Give address to which appro   | ved copy of this form is to be sent)      |  |                 |   |            |   |  |  |
|   | Northwest Pipeline  |   | P.O. Box 1526 / Sai  | I I                                       |  |                 |   |            |   |  |  |
|   |   | Unit Sec. Twp. Rge.                                   |  | en 84110                                  |  |                 |   |            |   |  |  |
|   | If well produces oil or liquids, give location of tanks.        |   | No   | 04110                                     |  |                 |   |            |   |  |  |
|   |   |   | <u></u>  |   |  |                 |   |            |   |  |  |
|   |   | ith that from any other lease or pool,                | give commingling order number:   |   |  |                 |   |            |   |  |  |
| IV.   | COMPLETION DATA   | Oil Well Gas Well                                     | New Well Workover Deepen   | Plug Back   Same Res'v. Diff. Res'v.      |  |                 |   |            |   |  |  |
|   | Designate Type of Completi                                      | on $-(X)$ $\chi\chi$                                  | XX   |   |  |                 |   |            |   |  |  |
|   | Date Spudded  | Date Compl. Ready to Prod.                            | Total Depth  | P.B.T.D.                                  |  |                 |   |            |   |  |  |
|   | 4/30/78   | 7/28/78   | 4100   | 1   |  |                 |   |            |   |  |  |
|   | Elevations (DF, RKB, RT, GR, etc.)                              | Name of Producing Formation                           | Top Oil/Gas Pay  | Tubing Depth                              |  |                 |   |            |   |  |  |
|   | 6967 GR   | Pictured Cliffs                                       |  | 3770 G. L.                                |  |                 |   |            |   |  |  |
|   | Perforations  | <u> </u>  |  | Depth Casing Shoe                         |  |                 |   |            |   |  |  |
|   | 3664 - 3964   | Total of 40 Shots                                     |  |   |  |                 |   |            |   |  |  |
|   |   | TUBING, CASING, AND                                   | D CEMENTING RECORD   |   |  |                 |   |            |   |  |  |
|   | HOLE SIZE   | CASING & TUBING SIZE                                  | DEPTH SET  | SACKS CEMENT                              |  |                 |   |            |   |  |  |
|   | 11"   | 8-5/8"  | 309'   | 50 sxs.                                   |  |                 |   |            |   |  |  |
|   | 7-7/8"  | 4-1/2"  | 4100'  | 516 sxs.                                  |  |                 |   |            |   |  |  |
|   |   |   |  |   |  |                 |   |            |   |  |  |
|   |   |   |  | _i  |  |                 |   |            |   |  |  |
| V.  | TEST DATA AND REQUEST F   | OR ALLOWABLE Test must be a                           | ifter recovery of total volume of load oil   | and must be equal to or exceed top allow- |  |                 |   |            |   |  |  |
| • •   | OIL WELL  | II. WELL able for this depth or be for full 24 hours) |  |   |  |                 |   |            |   |  |  |
|   | Date First New Oil Run To Tanks                                 | Date of Test  | Producing Method (Ftow, pump, gas a  | 1,11, 610.1)                              |  |                 |   |            |   |  |  |
|   |   |   | Casing Pressure  | Choke Size                                |  |                 |   |            |   |  |  |
|   | Length of Test  | Tubing Pressure                                       | Cusing Frees are   | VALUED 1                                  |  |                 |   |            |   |  |  |
|   |   | OU Phila  | Water - Bbls.  | Gas-MCP                                   |  |                 |   |            |   |  |  |
|   | Actual Prod. During Test  | Oil-Bbls.   | 11000  | 1 1970                                    |  |                 |   |            |   |  |  |
|   |   | <u> </u>  |  | Com.                                      |  |                 |   |            |   |  |  |
|   |   |   |  | 1 2001 3                                  |  |                 |   |            |   |  |  |
|   | Actual Prod. Test-MCF/D   | Length of Test  | Bbls. Condensate/MMCF  | Gravity of Condeparte                     |  |                 |   |            |   |  |  |
|   |   |   |  |   |  |                 |   |            |   |  |  |
|   | Testing Method (pitot, back pr.)                                | Tubing Pressure (Shut-in)                             | Casing Pressure (Shut-in)  | Choke Size                                |  |                 |   |            |   |  |  |
|   | Pitot   | 1015  | 1015   | 3/4"                                      |  |                 |   |            |   |  |  |
|   |   | CE  | OU CONSERV   | ATION COMMISSION                          |  |                 |   |            |   |  |  |
| VI.   | CERTIFICATE OF COMPLIAN   | CE  |  |   |  |                 |   |            |   |  |  |
|   |   | Lating of the Oil Consequation                        | APPROVED   | APPROVED 3ET 1 3 1370                     |  |                 |   |            |   |  |  |
| 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)  OPERATOR |   |   | Original Signed by A. R. Kendi 192   |   |  |                 |   |            |   |  |  |
|   |   |   | STREET DIST. #3  |   |  |                 |   |            |   |  |  |
|   |   |   | TITLE SUPERVISOR DEST  | :0 # #                                    |  |                 |   |            |   |  |  |
|   |   |   | 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 allow- |   |  |                 |   |            |   |  |  |
|   |   |   |  |   |  |                 | • | itle)<br>Q | able on new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of owner, |  |  |
|   |   |   |  |   |  | August 23, 1978 |   |            | well name or number, or transporter, or other such change of condition.                             |  |  |

(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. H. 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 filed for each pool in multiply completed wells.