

| | | |
|------------------------|-----|---|
| NO. OF COPIES RECEIVED | | 5 |
| DISTRIBUTION | | |
| SANTA FE | | 1 |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | 1 |
| OPERATOR | | 2 |
| PRORATION 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-110
Effective 1-1-65

| | |
|--|---|
| Operator JOHN E. SCHALK | |
| Address P. O. BOX 25825 / ALBUQUERQUE, NEW MEXICO 87125 | |
| Reason(s) for filing (Check proper box) | |
| 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"/> |
| Other (Please explain) | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------|----------------------|--|---|-----------------------|
| Lease Name Schalk 29-4 | Well No. 16 | Pool Name, Including Formation Choza Mesa Pic. Cliffs | Kind of Lease State, Federal or Fee USA NM | Lease No. 18321 |
| Location | | | | |
| Unit Letter P | 1190 | Feet From The SOUTH | Line and 1070 | Feet From The EAST |
| Line of Section 22 | Township 29 NORTH | Range 4 WEST | , NMPM, RIO ARRIBA County | |

III. 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 84110 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Pge. |
| | Is gas actually connected? No | |
| | When | |

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

IV. COMPLETION DATA

| | | | | | | | | |
|---|---|-------------------------|-----------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 9/23/78 | Date Compl. Ready to Prod. | Total Depth 4421 | P.B.T.D. 4397 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 7320 GR | Name of Producing Formation Pictured Cliff | Top Oil/Gas Pay 4035 | Tubing Depth 4,182 | | | | | |
| Perforations 4050-4054, 4061, 4063, 4219, 4221, 4271-4275, 4291-4305, 4310, 4314 | | | Depth Casing Shoe | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 11" | 8-5/8" | 290' | 160 SXS 'B' | | | | | |
| 7-7/8" | 4-1/2" | 4408' | 566 SXS | | | | | |

V. 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 1448 | Length of Test 3 hours | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) Well Tester | Tubing Pressure (shut-in) 1091 | Casing Pressure (shut-in) 1091 | Choke Size 3/4" |

VI. 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.

OIL CONSERVATION COMMISSION

APPROVED _____ 1978
BY _____ Original Signed by _____
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 filed for each pool in multiply completed wells.

OPERATOR

(Signature)

(Title)

October 20, 1978

(Date)