

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(reverse side)

5. LEASE DESIGNATION
USA NM-23041

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Schalk 41

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 16, T25N, R3W, NMP

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

2. NAME OF OPERATOR
SCHALK DEVELOPMENT COMPANY

3. ADDRESS OF OPERATOR
P. O. BOX 25825, ALBUQUERQUE, NM 87125

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 790' FSL, 790' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

11/06/78

15. DATE SPUDDED

1/06/79

16. DATE T.D. REACHED

1/20/79

17. DATE COMPL. (Ready to prod.)

05-07-79

18. ELEVATIONS (DF, REB, RT, GB, ETC.)*

7316 GR

19. ELEV. CASINGHEAD

7316 GR

20. TOTAL DEPTH, MD & TVD

6207

21. PLUG BACK T.D., MD & TVD

6163

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

All

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

5978 - 6119 Mesa Verde

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN 1) Dual Induction - Laterolog
2) Compensated Neutron - Formation Density

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	338' KBM	12-1/4"	210 SXS.	
4-1/2"	10.5#	6207' KBM	7-7/8"	310 SXS.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	6040	

31. PERFORATION RECORD (Interval, size and number)

6008, 10, 12, 14, 16, 18, 20, 22, 24
26, 28, 30, 32, 34, 38, 40, 59, 78,
80, 82, 86, 88, 90, 6115, 17, 19.

Total 26 Holes .4" Holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5978 - 6119	Complex Gel & Sand Frac 85,000 lbs. 20/40 Sand 1,250 gals. HCL 15% 50,000 gals Water (Gel)

33. PRODUCTION

33.*		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
DATE FIRST PRODUCTION		Flowing					Shut-In	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
4/18/79	3	3/4"	→					
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-APP. (COOR.)		
186	563	→		3634		TEST WITNESSED BY		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

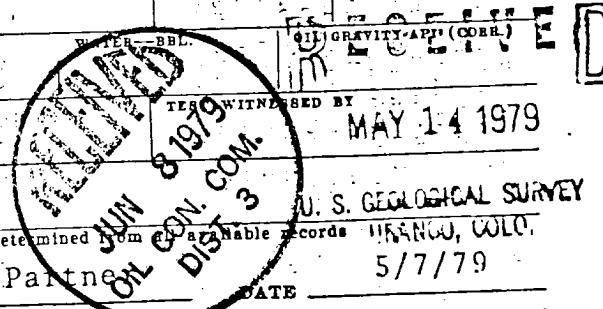
Sold

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from the available records
SIGNED: John E. Schalk TITLE: Managing Partner DATE: 5/7/79

*(See Instructions and Spaces for Additional Data on Reverse Side)

Operator



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If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers', geologists' sample and core logs), stratigraphic correlation charts, and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 3c.

Item 4: If there are no applicable State

or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where the elevation is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the production from each interval zone).

Items 22 and 24: If units were completed for separate procedures, report the results for each procedure on this form. For only the interval reported in Item 33, Subunit a separate report (page) on this form, adequately identified, interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in Item 33. Subunit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

SHOW AID, IMMOVABLE, COAST OF, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES
DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

OJO Al
Kirtland
Fruitland
P. C.
Chacara
Cliff House
Menefee
P. Lookout
Mancus