MULTIPLE COMPLETE CHANGE ZONES ABANDON*

(other) Drilling

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

SUNDRY NOTICES AND REPORTS ON WELLS

	Budget Bureau No. 42-R142	
	5. LEASE	
	NM-23041	
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
_		
	7. UNIT AGREEMENT NAME	
nt		
	8. FARM OR LEASE NAME	
	Schalk 41	
	9. WELL NO.	
_	#3	
	10. FIELD OR WILDCAT NAME	
	<u>Blanc</u> o Mesa Verde	
 7	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
,	<u>Sec.16</u> , T25N, R3W	
	12. COUNTY OR PARISH 13. STATE	
	Rio Arriba New Mexico	
 :,	14. API NO.	
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 7335 GR	

change on Form 9-330.)

(Do not use this form for proposals to drill or to deepen or plug back to a different		
1. oil gas m	8. FARM OR LEASE NAME Schalk 41	
1. oil gas well other	9. WELL NO.	
2. NAME OF OPERATOR	# 3	
SCHALK DEVELOPMENT COMPANY	10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR	<u>Blanco Mesa Verde</u>	
P. O. BOX 25825	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 790' FSL, 790' FEL	Sec.16, T25N, R3W	
AT SURFACE:	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Rio Arriba New Mexico	
AT TOTAL BEFTA.	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		
REPORT, OR OTHER DATA	15. ELEVATION'S (SHOW DF, KDB, AND WD) 7335 GR	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF		
FRACTURE TREAT	•	
SHOOT OR ACIDIZE	•	
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)	
TOLL OIL METER ONDING	5.15.15c 511 1 51111 3-330.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Set 149 Jts 10.5# 4-1/2" Casing @ 6225' KBM. 2/21/79 Cemented with 140 sxs. Howco Light Weight, 12-1/2# Gilsonite per sx. followed w/ 170 sxs 50/50 Posmix, 2% Gel.

> Plug down 8:45 a.m. Float @ 6195' KBM.

Subsurfage Safety Valve: Manu. and Type	Set @	Ft.
Subsurfage Sety Valve: Manu. and Type 18. I hereby certify has the foregoing is the and correct signed		
SIGNED Managing Pa	rtne _{Are} 2/22/79	
(This space for Federal or State office	e use)	
APPROVED BY TITLE TOTAL CONDITIONS OF APPROVAL, IF ANY:	DATE TO THE TOTAL PARTY OF THE	

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