

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
SCHALK DEVELOPMENT CO.

3. ADDRESS OF OPERATOR
P. O. BOX 28525

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790' FNL; 790' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Shut Well In		

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.)*

The Subject well was turned on 5/6/80 on a 30 day temporary approval. The well has now been shut in and we are awaiting the availability of a unit to place a cement cap over the bridge plug @ approximately 4750'.

We will consider the Mosa Verde Formation temporarily abandoned upon completion of the cement work per you requirement of 4/24/80.

Subsurface Safety Valve: Manu. and Type _____

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Managing Partner DATE 6/6/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ak 5/80

*See Instructions on Reverse Side

5. LEASE
USA NM 23043

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Schalk 43

9. WELL NO.

2

10. FIELD OR WILDCAT NAME
Undes. Chacra

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

Sec. 34, T-25N, R-3W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

30-039-21956

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7213' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

