rm 9–331		A Part of the second	Form Approx Budget Bure	ved. au No. 42–R1424
ec. 1973	UNITED STATES	S. LEASE		= C = 7
DEPART	MENT OF THE INTERIOR			565-A
	EOLOGICAL SURVEY	6. IF INDIAN, 7	ALLOTTEE OR T	RIBE NAME
SUNDRY NOTIC	CES AND REPORTS ON WELLS	7. UNIT AGRE	EMENT NAME	
Do not use this form for pro eservoir. Use Form 9-331-C	posals to drill or to deepen or plug back to a different for such proposals.)	8. FARM OR L Scha	EASE NAME	
well - well	XX other	9. WELL NO.	.2	
2. NAME OF OPERATOR John E. Schalk		.1	WILDCAT NAME	
3. ADDRESS OF OPERATOR P. O. BOX 25825 / Albuq., NM 87125		Blanco Mesa Verde 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17		1	T-25N, R-	-3W
below.) 925 FNL; 790 FEL; Sec. 8,1-23N AT SURFACE: R-3W AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		12. COUNTY	OR PARISH 13.	STATE
		Rio Arr		New Mexico
		14. API NO.	= 1	
16. CHECK APPROPRIA REPORT, OR OTHE		ONS (SHOW DF,	KDB, AND WD)	
REQUEST FOR APPROV	/AL TO: SUBSEQUENT REPORT QF:		1	
TEST WATER SHUT-OF	F L			
FRACTURE TREAT SHOOT OR ACIDIZE		(NOTE: Book	t results of multipl	e completion or zona
REPAIR WELL PULL OR ALTER CASI	NG []	chang	ge on Form 9-330.)	
MULTIPLE COMPLETE		e de la companya de La companya de la co		Tan -
CHANGE ZONES ABANDON*				
(other) Drillin	g X X			% √ . V., . () - Pic⊤ v
17. DESCRIBE PROPO	OSED OR COMPLETED OPERATIONS (Clearly st. and date of starting any proposed work. If well is evertical depths for all markers and zones perting	ate all pertinent directionally dril ent to this work.)	details, and giv led, give subsur *	re partinent dates; face locations and
measured and true	e vertical depths for all markers and sever		* * * * * * * * * * * * * * * * * * *	
		1. 40 211	1	- ·
6/11/81	Spud and drill 12-1/4" Ho	Te to 311		-+ a 311'
6/11/81	Ran 7 joints. LT &C, 24#, Cement with 210 sxs. Clas	8-5/8" C	asing. Se	Floseas/s
	Cement with 210 sxs. Class Circulate 10 bbl. cement.	Pluq do	wn 10:45	p.m.
	Circulate 10 bb1. cemens.			
				-
				:
				- -
	lve: Manu. and Type		Set @) F1
		:	.*	
18. I hereby certify the	nat the foregoing is true and correct OPERATOR			
SIGNED	TITLE			
	(This space for Federal or Stat			
APPROVED BY	TITLE	DAT	E	-
CONDITIONS OF APPR	OVAL, IF ANY:		-	into the second

NMOCC

*See Instructions on Reverse Side