

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
John E. Schalk

3. ADDRESS OF OPERATOR
P.O. Box 25825 / Albuq., NM 87125

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 925' FNL; 790' FEL; Sec.8,T-25N
AT SURFACE: R-3W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Drilling ☐

SUBSEQUENT REPORT OF:

[illegible]

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

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.)*

6/11/81 Spud and drill 12-1/4" Hole to 311'.
6/11/81 Ran 7 joints. LT &C, 24#, 8-5/8" casing. Set @ 311'.
Cement with 210 sxs. Class 'B' 2% c.c. w/1/4# Floseas/sx.
Circulate 10 bbl. cement. Plug down 10:45 p.m.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE OPERATOR DATE _____

(This space for Federal or State office use)

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

NMOCC

***See Instructions on Reverse Side**

Dean Elliott