

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
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:

☐
☐
☐
☐
☐
☐
☐
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☒

5. LEASE SF 080565-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Schalk-Gulf

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Blanco Mesa Verde

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

Sec. 8, T-25N, R-3W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mexico

14. API NO.

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

7168' GR

(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.)*

7/1/81 Set 10.5#, 4-1/2" casing @ 6282'. Cemented with 400 sxs. Halliburton light class 'B' with 12 1/2# Gilsonite per sx. followed w/170 sxs. 50/50 PosMix (2% Gel, 6 1/2# Gilsonite & 7# salt per sx.)

Plug down @ 9:30 pm

Subsurface Safety Valve: Manu. and Type

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

OPERATOR

SIGNED

TITLE

DATE

7/1/81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

Dean Elliott