

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, Albuquerque, N.M. 87125
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1700' FNL; 905' 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) <input type="checkbox"/>	<input type="checkbox"/>

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.)*

We request the name of the well to be drilled be changed
from the Schalk-Gulf #1 to the Schalk-Gulf #3A.

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.
3-A
10. FIELD OR WILDCAT NAME
Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6, T-25N, R-3W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
N. M.
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7418' GR

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

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED _____

DATE _____

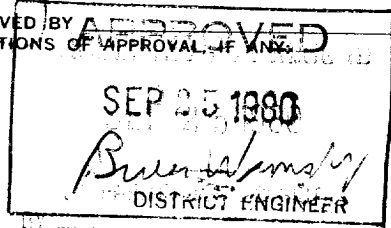
September 18, 1980

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY _____

TITLE _____

DATE _____



*See Instructions on Reverse Side

