

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-039-22774

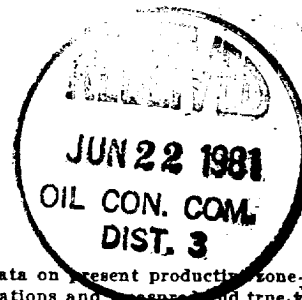
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL ☒ DEEPEN ☐ PLUG BACK ☐		5. LEASE DESIGNATION AND SERIAL NO. NM 23043
b. TYPE OF WELL OIL WELL ☐ GAS WELL ☒ OTHER ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
2. NAME OF OPERATOR Schalk Development Co.		7. UNIT AGREEMENT NAME -----
3. ADDRESS OF OPERATOR P. O. Box 25825, Albuquerque, N. M. 87125		8. FARM OR LEASE NAME Schalk 43
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) At surface 790' FSL, 1850' FEL, Sec. 26, T-25N, R-3W At proposed prod. zone		9. WELL NO. 1
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* 17 miles from Lindrith, New Mexico		10. FIELD AND POOL, OR WILDCAT Wildcat <i>MV</i>
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) 790'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-25N, R-3W
16. NO. OF ACRES IN LEASE 640		12. COUNTY OR PARISH Rio Arriba
17. NO. OF ACRES ASSIGNED TO THIS WELL 160		13. STATE NM
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 3300'		20. ROTARY OR CABLE TOOLS Rotary
19. PROPOSED DEPTH 5907'		22. APPROX. DATE WORK WILL START* May 15, 1981
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 7123 Gr		

23. PROPOSED CASING AND CEMENTING PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
11"	8-5/8"	23#	300'	200 sacks
7-7/8"	4-1/2"	10.5#	5907'	350 sacks

FORMATION TOPS

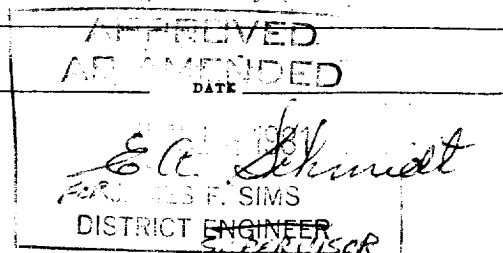
Ojo Alamo	3177'	Cliff House	5167'
Pictured Cliffs	3507'	Point Lookout	5705'
Lewis	3527'	Mancos	5807'
		Total Depth	5907'



IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and proposed and true vertical depths. Give blowout preventer program, if any.

24. W. H. Schalk SIGNED Managing Partner TITLE 4-23-81 DATE

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions On Reverse Side

NMOCG