

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE*
with instructions on re-
turn (see)

Form approved.
Budget Bureau No. 42-B1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. USA NM-18328
2. NAME OF OPERATOR JOHN E. SCHALK		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
3. ADDRESS OF OPERATOR P. O. BOX 2078, FARMINGTON, NEW MEXICO 87401		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 890' FROM THE SOUTH LINE, 865' FROM THE WEST LINE SECTION 32, TOWNSHIP 29 NORTH, RANGE 4 WEST, RIO ARRIBA COUNTY, NEW MEXICO		8. FARM OR LEASE NAME SCHALK 29-4
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, WT, OR, etc.) 7386' GR	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT BASIN DAKOTA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 32, T-29N, R-4W
		12. COUNTY OR PARISH 13. STATE RIO ARRIBA NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) _____ <input type="checkbox"/>	
(Other) _____	WELL HISTORY <input checked="" type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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 squares pertinent to this work.)*

TOTAL DEPTH WAS REACHED ON THE SCHALK 29-4 WELL NO. 1 ON MAY 25, 1975. THE TOTAL DEPTH WAS 8949'.

THE DAKOTA FORMATION WAS PLUGGED ON MAY 26, 1975 FROM 8841' TO 8741' WITH 35 SACKS OF REGULAR NEAT CEMENT. THE PLUG WAS DOWN AT 5:00 A. M. ON MAY 26, 1975.

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

SIGNED *John E. Schalk* TITLE OPERATOR DATE MAY 28, 1975

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side