

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

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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.)

<p>1. <input type="checkbox"/> OIL WELL    <input type="checkbox"/> GAS WELL    <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR John E. Schalk</p> <p>3. ADDRESS OF OPERATOR P. O. Box 26687, Albuquerque, N.M. 87125</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 880' FSL, 1780' FEL Section 20, Township 29 North, Range 4 West Rio Arriba County, New Mexico</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7162' GR</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. USA NM 18319</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----</p> <p>7. UNIT AGREEMENT NAME -----</p> <p>8. FARM OR LEASE NAME Schalk 29-4</p> <p>9. WELL NO. 5</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-29N, R-4W</p> <p>12. COUNTY OR PARISH    13. STATE Rio Arriba    N.M.</p>
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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 checked="" 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 type="checkbox"/>	(Other) <u>Long String</u>	
(Other) <input 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 zones pertinent to this work.)\*

**Casing**

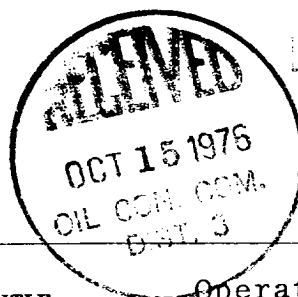
4-1/2" 10.5# casing set at 4375' (KBM) on 7-24-76, cemented with 125 sacks. Top of cement at 3800'.

**Frac**

Sand frac well at 4054' - 4148' with 750 sacks sand, 80,000 gallons treated water.

**Perforations**

4054' - 4060'      One shot per foot  
4078' - 4084'  
4105' - 4148'



OCT 14 1976

U. S. GEOLOGICAL SURVEY  
DENVER, COLO.

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

SIGNED John E. Schalk TITLE Operator

DATE 10-11-76

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side