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.)  7. Unit agreement name  S. Paem or lease name  S. Paem or lease name  S. Paem or lease name  S. Schalk 29-4  9. Well No.  P. O. Box 26687, Albuquerque, New Mexico 87125  4. Location of Well (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  1100' FNL, 790' FWL, Sec. 32, T-29-N, R-4-W  11. Sec., T., R., M., OR BLE. AND  SURVEY OR AREA  SINCE DESIGNATION AND SERIAL NO.  USA NM 18328  6. IF INDIAN, ALLOTTEE OR TRIBE NAME  S. FAEM OR LEASE	(May 1995)	UNITED STATES	SUBMIT IN TRIPLICATE (Other instructions on r	Budget Bureau No. 42-R1424.
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to dealy or to depend or the post to depend on the best to the well best to the well. (Report Forward and in accordance with any State requirements.  JOHn P. Schalk  John P. Schalk  John P. Schalk  A MORRES OF OFRESTOR  JOHN P. Schalk  A MORRES OF THE WELL Report beatland clearly and in accordance with any State requirements.  A MORRES OF OFRESTOR OF Well beatland clearly and in accordance with any State requirements.  A MORRES OF THE WELL REPORT OF THE WELL RE		•	OR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
TOTAL COLUMN TO	SUNDRY NOT	ICES AND REPORTS C		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
E. NAME OF OPERATOR  JOHn E. Schalk  3. ANNIESS OF OPERATOR  P. O. BOX 26687, Albuquerque, New Mexico 87125  4. Servicinos of Unit Region Location clearly and in accordance with any State requirements.  All servicinos of Unit Region Location clearly and in accordance with any State requirements.  All price of Unit Region Location Clearly and in accordance with any State requirements.  All price of Unit Region Location Clearly and in accordance with any State requirements.  All price of Unit Region Location Williams  In Sec. 11, Sec. 12, May 18 SEC. 1379  Sec. 32, T-29-N, R-4-1  14. PRENTY So.  15. GENEVITON TO THE LOCATION (Show whether Dr. N. c. etc.)  TEST WAITS SHUPPORT OF INVESTION TO  THE MARKET SHUPPORT OF INVESTIGATION OF INVESTIGATI	1. OIL GAS 🔽	7. UNIT AGREEMENT NAME		
8. AMBRIES OF PERSONS P. O. BOX 26687, Albuquerque, New Mexico 87125 4 10. FIRE AND POSE, OR VICENTY AND POSE, OR		1		
P. O. Box 26687, Albuquerque, New Mexico 87125  4. Governor of vett Report location clearly and in necordance with any State requirements.  10. International Control of State				
4. Interior of well (Report location clearly and in accordance with any State requirements."  See into accordance 17 below.)  11.00° FNL, 790° FWL, Sec. 32, T-29-N, R-4-W  11. Sec. 32, T-29-N, R-4-W  12. CONTY OR PAINSH 13. SELTER  RIO APPRIOR 13. SELTER  13. TERMIT NO.  15. EMPATIONS (Show whether in, Mr. or, etc.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date  NOTICE OF INTERVENCE TO.  17. SEC. 32. T-29-N, R-4-W  18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date  NOTICE OF INTERVENCE TO.  18. SERVATIONS CONTENT CONTENT OF INTERVENCE TO.  18. SERVATION OF INTERVENCE TEXTS.  19. SERVATION OF INTERVENCE TEXTS.  19. SERVATION OF INTERVENCE TEXTS.  10. Check Appropriate well is directionally drilled, give submurface locations and measured and true vertical dept. for all barriers and zones pertinent to this work.)  19. Theorem of the work. If well is directionally drilled, give submurface locations and measured and true vertical dept. for all barriers and zones pertinent to this work.)  19. Theorem of the work.  10. THE 10. Sec. 32. T-29-N, R-4-W  10. Check Appropriate Well.  10. Sec. 32. T-29-N, R-4-W  11. SERVATIONS (Show whether in, Mr. or,				
Sec 32. T-29-N, R-4-1  7332 GR.  16. Check Appropriate Sox To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INVENTION TO:  TEST WAZES SHUT-OFF PELL OR ALTER CASING REPARMS CHAPTER SHOOT OR ACCIDENT REPARMS CASING REPARMS REPORT OF EACH OF THE CONTROL OF THE CASING REPARMS CASING REPARMS CASING REPARMS REPORT OF THE CONTROL OF THE CASING REPARMS CASING REPARMS CASING REPARMS REPORT OF THE CONTROL OF THE CASING REPARMS REPORT OF THE CONTROL OF THE CASING REPARMS REPORT OF THE CONTROL OF THE CASING REPARMS REPORT OF THE CASING RE	<ol> <li>LOCATION OF WELL (Report location of See also space 17 below.)</li> <li>At surface</li> </ol>	·		
TASS GR.  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  BUBBEQUENT REPORT OF:  PRACTICE TREAT  SHOOT OR ACTURE  PRACTICE TREAT  SHOOT OR ACTURE  REPORT WATER SHUT-OFF  PRACTICE TREAT  SHOOT OR ACTURE  SHOOT	1100' FNL, 790' FWI			
NOTICE OF INTENTION TO:  TEST WATER SHUP-OFF PULL OR ALTER CASING PARACTICE TERAT MILITIFIAR COMPLETE ARANDOS' REPAIR WELL (Other) LONG String CAING ALTERIST CA	14. PERMIT NO.		, RT, GR, etc.)	
NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF FEATURES TEXAT SHOOT ARE RECASING HULTIPLE COMPLETE TEXAT SHOOT OR ACTORISE TREATHER THE AREA SHUT-OFF FRACTILES TEXAT SHOOT OR ACTORISE TREATHER T	16. Check A	opropriate Box To Indicate N	lature of Notice, Report, or	Other Data
FRACTIER TERAT SHOOT OR ACIDIZE SHOOT OR ACIDIZE CHANGE PLANS  ABANDON**  ABANDON**  CHANGE PLANS  CHANGE PLANS  ALTERIOC CASHING  ABANDON**  CHANGE PLANS  CHANGE PLANS  ALTERIOC CASHING  ABANDON**  ABANDON**  CHANGE PLANS  CHANGE PLANS  ALTERIOC CASHING  ABANDON**  ABANDON**  CHANGE PLANS  CHANGE PLANS  ALTERIOC CASHING  COMPLETE A PLANS  ALTERIOC CASHING  ABANDON**  ALTERIOC CASHING  COMPLETE A PLANS  COMPLETE A PLANS  ALTERIOC CASHING  COMPLETE A PLANS	NOTICE OF INTEN	TION TO:	SUBSE	QUENT REPORT OF:
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.)  4-1/2 10.5 casing set at 4487 on 9-23-75 cemented with 275 sx.  Top of cement at 3050'  U. S. GEOLOGICAL SWAVEY DEPANCO, COLO.  18. Thereby berty; hat the Gordwing Partue and carry operator  Operator  Operator  Date 10/6/75	FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	MULTIPLE COMPLETE ABANDON* CHANGE PLANS	FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) LONG St (Note: Report resul Completion or Recom	ALTERING CASING ABANDONMENT*  Its of multiple completion on Well upletion Report and Log form.)  1. Including estimated date of starting any
U. S. GEOLOGICAL SHAVEY DECAMO, COLO.  18. I hereby tersity that the foregoing is true and correct SIGNED  (This space for Federal or State office use)			9-23-73 Cementee	WICH 273 DIL
U. S. GEOLOGICAL SHAVEY DECAMO, COLO.  18. I hereby tersity that the foregoing is true and correct SIGNED  (This space for Federal or State office use)				
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18. I hereby tersity that the foregoing strue and correct SIGNED  (This space for Federal or State office use)			10%	00T 14 1975
Operator  (This space for Federal or State office use)				
		Strue and correct	Operator	DATE 10/6/75
APPROVED BY TITLE DATE				DATE