

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

USA NM 18328

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Schalk 29-4

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 32, T-29-N, R-4-W

12. COUNTY OR PARISH 13. STATE
Rio Arriba, N. M.

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

John E. Schalk

3. ADDRESS OF OPERATOR

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7332 GR.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

Long String

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

4-1/2 10.5 casing set at 4487 on 9-23-75 cemented with 275 sx.

Top of cement at 3050'

RECEIVED
OCT 14 1975
U. S. GEOLOGICAL SURVEY
DENVER, COLO.

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

SIGNED

John E. Schalk

TITLE

Operator

DATE

10/6/75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side