

F 30-039-21490 8-8-77

F. Loc. 990/S; 1060/W Elev. 7439 GL Spd. Comp. TD PB

Casing S. W Sx. Int. W Sx. Pr. W Sx. T. Csg. Perf. Prod. Stim.

T  
R  
A  
N  
S

I.P. BO/D MCF/D After Hrs. SICP PSI After Days GOR Grav. 1st De s

TOPS		NITD	Well Log	TEST DATA						
Kirtland		C-103	Plat	Schd.	PC	Q	PW	PD	D	Ref. No.
Fruitland		C-104	Electric Log							
Pictured Cliffs			C-122							
Cliff House		Ditr	Dfa							
Menefee		Datr	Dac							
Point Lookout		160								
Mancos										
Gallup										
Sanostee										
Greenhorn										
Dakota										
Morrison										
Entrada										

P  
O  
O

Gobernador PC. RA S 32 T29N R4W UM Oper. John E. Schalk Lse. Schalk 29-4 No. 6

Schalk 29-4 #6

M-32-29N-4W

John E. Schalk

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.)

1. OIL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/> WELL WELL		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 25825, Albuquerque, New Mexico 87125		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 990' FSL, 1060' FWL, Section 32, T-29N, R-4W Rio Arriba County, New Mexico		8. FARM OR LEASE NAME Schalk 29-4
14. PERMIT NO.		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7489' GR		10. FIELD AND POOL, OR WILDCAT Undesignated
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 32, T29N, R4W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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 type="checkbox"/>	(Other) <u>Abandon intention to drill</u> <input checked="" type="checkbox"/>	
(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.)\*

This well will not be drilled.



RECEIVED

JAN 16 1978

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

SIGNED John E. Schalk TITLE Operator DATE 1-13-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side