

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐

2. NAME OF OPERATOR  
JOHN E. SCHALK

3. ADDRESS OF OPERATOR  
P.O. BOX 25825, ALBUQ., NM 87125

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1485' FSL, 985' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
NM-18324

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
Schalk 29-4

9. WELL NO.  
17

10. FIELD OR WILDCAT NAME  
Pictured Cliff

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 25, T-29N, R-4W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6967-GR

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ ☐

FRACTURE TREAT ☐ ☐

SHOOT OR ACIDIZE ☐ ☐

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

CHANGE ZONES ☐ ☐

ABANDON\* ☐ ☐

(other) Drilling ☒ ☒

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

4/30/78 Mo-Te Drilling Inc. Rig #203 rigged up and started drilling operations.

5/1/78 Drilling.

5/10/78 (Approx.) to 5/11/78  
Joe Morrow Drilling Co. Rig No. 1 rigged up and drilled 11" hole to 309'

5/12/78 Set 303.02' of 23# 8-5/8" casing @ 309' with 130 sacks cement.

5/20/78 Cement 8-5/8" casing with 50 sacks from top.

A larger rotary rig will be moved on to continued drilling when a rig is available, estimated to be 6/25/78

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED John E. Schalk TITLE OPERATOR DATE 5/22/78

(This space for Federal or State office use)

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