

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  
M. R. Schalk
3. ADDRESS OF OPERATOR  
P.O. Box 25825, Albuquerque, New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 950 FSL, 800' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:  
TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) Location clean up ☒

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☒

RECEIVED

OCT 24 1983

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

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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.)\*

Location has been cleaned up and reseeded as required.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED Claudio S. Stet TITLE Agent DATE 10/19/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 26 1983

\*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY [Signature]