Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

AUG 2000
RECEIVED
OIL CON. DIV
DIST. 3

5. Lease Designation and Serial No.
NM 4455

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well
☐ Oil Well   ☒ Gas Well   ☐ Other

2. Name of Operator
SCHALK DEVELOPMENT CO.

3. Address and Telephone No.
P. O. Box 25825, Albuquerque, NM 87125 (505)881-6649

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1130' FNL & 1180' FEL Section 3, T-30N, R-5W

8. Well Name and No.
SCHALK 55 #1

9. API Well No.

10. Field and Pool, or Exploratory Area
Pictured Cliffs

11. County or Parish, State
Rio Arriba County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
	☐ Recompletion	☐ New Construction
☒ Subsequent Report	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other _____	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 has recently been placed back on line. Production is limited but the well does produce gas each month.

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

Signed _____   Title General Manager   Date June 30, 2000

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____
Conditions of approval, if any:

ACCEPTED FOR RECORD

*See Instruction on Reverse Side