

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

RECEIVED  
BLM

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Designation and Serial No.  
NM 4449

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE 070 FARMINGTON, NM

1. Type of Well  
 Oil Well  Gas Well  Other

8. Well Name and No.  
SCHALK 49 #2, #3, #4

2. Name of Operator  
SCHALK DEVELOPMENT COMPANY

9. API Well No.

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

10. Field and Pool, or Exploratory Area  
Pictured Cliffs

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
#2: 850' FSL & 1765' FEL Sec. 23, T-30N, R-4W 30-039-20720  
#3: 1190' FNL & 790' FEL Sec. 23, T-30N, R-4W 30-039-20802  
#4: 1007' FNL & 1220' FWL Sec. 23, T-30N, R-4W 30-039-20803

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
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Restore production
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

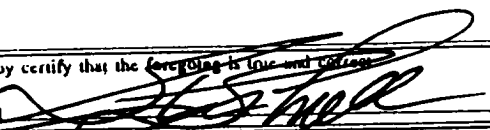
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 Sundry Notice is in response to your letter dated May 13, 1999. The Schalk 49 #2 and #4 wells are currently being brought back into production. Production will be on line by June of 1999.

The Schalk 49 #3 will be plugged and abandoned. We are currently working up the procedure and will submit it for your approval within the next 30 days.

JUL - 4 1999  
M. G. BOWEN, DIV.  
DOT. 3

14. I hereby certify that the foregoing is true and correct.  
Signed:  Title: General Manager Date: 5/27/99

(This space for Federal or State office use)  
Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Conditions of approval, if any:

ACCEPTED FOR RECORD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side  
NMOCB

FARMINGTON FIELD OFFICE  
BY: SM