

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

RECEIVED
AUG 26 1999

OIL CON. DIV.
DIST. 3

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)

#2: 850' FSL & 1765' FEL Sec. 23, T-30N, R-4W

#4: 1007' FNL & 1220' FWL Sec. 23, T-30N, R-4W

5. Lease Designation and Serial No.

NM 4449

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SCHALK 49 #2 & #4

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

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Return to production
☐ Change of Plans
☐ New Construction
☐ Non Routine Fracturing
☐ Water Shut Off
☐ Conversion to Injection
☐ 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.)

The Schalk 49 #2 was returned to production on June 21, 1999.

The Schalk 49 #4 was returned to production on June 23, 1999.

Both wells will be produced and evaluated.

RECEIVED
BLM
S9 AUG 19 PM 2:01
070 FARMINGTON, NM

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

Signature 

Title General Manager

Date 8/15/99

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____ Date _____

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

NMOC

ST  DATE