

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

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 4449
2. Name of Operator SCHALK DEVELOPMENT CO.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O.Box 25825 / Albuquerque, NM 87125 / (505)881-6649	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1,190' FNL & 790' FEL Section 23 Township 30 North, Range 4West	8. Well Name and No. SCHALK 49 #3
	9. AFI Well No.
	10. Field and Pool, or Exploratory Area Blanco Pictured Cliffs
	11. County or Parish, State Rio Arriba Co., NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" 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 type="checkbox"/> Other <u>Casing Integrity</u>
	<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.)*

A detailed inspection of records of this slim hole indicate that cement was circulated to surface while cementing 2.8" tubing in place.

On Sept. 14, 1995 pressure was checked and found at 340 psig; blew well 20 minutes & shut in; checked pressure on bradenhead and found 0 psig.

On Sept. 19, 1995 placed a compressor on the well. Placed well back in production on Sept. 20, 1995. Well produced 130 MCFD during first 24 hours; 145 MCFD second day; 170 MCFD on third day. Well left on line.

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

Signed [Signature] Title General Manager Date Sept. 25, 1995
(This space for Federal or State office use)

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

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.