

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM 4454

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Schalk 54

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

BLANCO MESA VERDE

11. SEC., T., E., M., OR BLK. AND  
SURVEY OR AREA

12. COUNTY OR PARISH 13. STATE

RIO ARriba N.M.

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 "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Schalk Development Company

3. ADDRESS OF OPERATOR

P.O. Box 25825 Albuquerque, N.M. 87125

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)

At surface

1650' FSL & 790' FEL

Sec. 2, T-30N, R-5W

14. PERMIT NO

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6581 KB

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PERMIT OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE NAME

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

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.) \*

We suspect There is a hole in The CSG. ON This well. Our plan is To Flare gas To relieve pressure on hole. / Run in hole w/ BRIDGE Plug & set Above Top perf. / Go in hole w/ packer & locate hole in CS6. / Squeeze hole in pipe / Drill out CEMENT / Pressure Test CS6. / set production packer Above Top perf. / Swabb well in & place on production.

\* There Are indications That we have The precence of H2S in gas stream / we will have A H2S safety specialist & Neccersery equipment while performing Repairs.

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

SIGNED

Jack Evans

TITLE

Prod. Supt.

DATE

10-14-92

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOC

DATE

APPROVED

OCT 14 1992

AREA MANAGER

\*See Instructions on Reverse Side