

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐	Other ☐		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐
2. NAME OF OPERATOR Schalk Development Company						5. LEASE DESIGNATION AND SERIAL NO. NM 4454	
3. ADDRESS OF OPERATOR P. O. Box 25825 / Albuquerque, NM 87125						6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1625' FNL; 790' FEL, Sec. 2, T-30N, R-5W At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME -----	
14. PERMIT NO. DATE ISSUED U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.						8. FARM OR LEASE NAME Schalk 54	
15. DATE SPUDDED 10/26/80						9. WELL NO. 2A	
16. DATE T.D. REACHED 11/10/80						10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
17. DATE COMPL. (Ready to prod.) 5/29/81						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 2, T-30N, R-5W	
18. ELEVATIONS (DE, REB, RT, OR, ETC.)* 6595' GR						12. COUNTY OR PARISH Rio Arriba	
19. ELEV. CASINGHEAD 6595' GR						13. STATE New Mexico	
20. TOTAL DEPTH, MD & TVD 6050'						21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY*						23. INTERVALS DRILLED BY All	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5586-5878						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN 1) Dual Induction - Laterolog 2) Compensated Neutron - Formation Density						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
8-5/8"	32#	307'		210 sxs. w/2% c.c.			
4-1/2"	10.5#	6050'	7-7/8"	200 / 475			
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)			
30. TUBING RECORD							
SIZE	DEPTH SET (MD)	PACKER SET (MD)					
2-3/8	5744						
31. PERFORATION RECORD (Interval, size and number) .34"							
5586, 88, 90, 5652, 54, 56, 58, 60, 62, 5697, 99, 5701, 5705, 07, 08, 17, 19, 5721, 5757, 59, 61, 69, 71, 73, 75, 5839, 41, 43, 45, 47, 49, 51, 53, 55, 57, 58, 59, 60, 61, 5876, 77, 78							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
5586-5878				Complex gel & sand Frac 115,000# 20/40 sand, 87,000 gal fluid, 4,000 gal HCL			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in) SI	
DATE OF TEST 6/9/81	HOURS TESTED 3 hours	CHOKE SIZE 3/4"	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS. 107	CASING PRESSURE 514	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF. 1799	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available data.							
SIGNED <i>Paul Schalk</i>				TITLE Managing Partner		DATE 7/16/81 JUL 28 1981	
* (See Instructions and Spaces for Additional Data on Reverse Side)							
NMOCC				FARMINGTON DISTRICT			

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
OJO ALAMO	2782					
KIRTLAND	2862					
PIC. CLIFFS	3372					
LEWIS	3650					
CLIFF HOUSE	5584					
MENEFEE	5618					
POINT LOOKOUT	5830					