

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
2. NAME OF OPERATOR
SCHALK DEVELOPMENT COMPANY
3. ADDRESS OF OPERATOR
P.O. BOX 25825 / ALBUQUERQUE, NM 87125
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1760' FSL; 965' FEL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) DRILLING	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

5. LEASE
NM 4454
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Schalk 54
9. WELL NO.
#1E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 2, T-30N, R-5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.

15. ELEVATIONS (SHOW DF, KDB AND WD)
6574' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

11/16/80 Set 11.6# 4-1/2" Casing @ 8253'. Float @ 8218'. Cemented with 370 sxs 50/50 Pos Mix (w 2% c.c.; 1/4# Flocele & 7# Salt/Sx.) and 50 sxs. Class 'B' Cement.

11/17/80 Plug down @ 1:00 a.m.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED [Signature] TITLE Mng. Partner DATE 12/4/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

ACCEPTED FOR RECORD

DEC 09 1980

*See Instructions on Reverse Side

FARMINGTON DISTRICT