

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 ☐ well gas ☒ well other ☐  
2. NAME OF OPERATOR  
SCHALK DEVELOPMENT COMPANY  
3. ADDRESS OF OPERATOR  
P.O. BOX 25825/ ALBUQ., NM 87125  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 986' FNL; 1660' FWL  
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:  
TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) Drilling ☒

SUBSEQUENT REPORT OF:

**RECEIVED**  
**FEB 05 1981**  
U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

5. LEASE  
NM 4457  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
Schalk 57  
9. WELL NO.  
#2A  
10. FIELD OR WILDCAT NAME  
Blanco Mesa Verde  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 12, T-30N, R-5W  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
NM  
14. API NO.  
65897  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
65897

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

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.)\*

11/25/80 Ran 147 jts, 4-1/2" 10.5# Casing. Set @ 6025'.  
Cemented in two stages: 1st Stage - 200 sxs 50/50 Pos mix w 2% Gel & 6-1/4# Gilsonite/sx. followed by 100 sxs class 'B' w/6-1/4# Gilsonite/sx.  
2nd Stage: 475 sxs 6/35 HowcoLite w/6% Gel & 1/4# Flow Sele/Sx. Followed by 100 sxs Class 'B' w/1/4# Flow Sele & 6-1/4# Gilsonite/sx.

D.V. Tool @ 4514'  
Float Collar @ 5984 '  
Shoe @ 6025'

300  
475  
100  
875

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED \_\_\_\_\_ TITLE Mng. Partner DATE February 4, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

BLW

AMOCG