UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	5. LEASE
GEOLOGICAL SURVEY	NM. 4462 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	5
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME TO SEE
1. oil gas KK other	Schalk 62
well well other 2. NAME OF OPERATOR	9. WELL NO. 3 3 4 5 5 5
Schalk Development Co.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P. O. Box 25825 / Albuq., NM 87125 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
below.) 1190' FSL; 890' FEL	AREA 233 7-32N, R-5W-1
AT SURFACE: AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Rio Arriba NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO. (1982) (1982)
REPORT, OR OTHER DATA	30-039-20592
REQUEST FOR APPROVAL TO: SUBSFOLIENT REPORT OF	6301 ¹ GR 3 5 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TREAT	NE DO PASSO E SESS
SHOOT OR ACIDIZE	
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)-
MULTIPLE COMPLETE	그 그 사람 중요한 그 중요 왕성의 [1] 사람
CHANGE ZONES U.S. GEGEGG. ABANDON* FARMINGG	
(other)	
17 DECOMPE PROPOSED OF COMPETENCE	등 등 기계
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical deaths for all markers and true vertical deaths.	
measured and true vertical depths for all markers and zones pertinent	to this work) # 10 o m = 10 to to to to
6/22/81 Pulled tubing & clean corrosion	was restracting gastlantran well
	The Same Same Same Same Same Same Same Sam
6/23/81 Reset tubing.	
	를 하는 사람들이 보고 있다.
	TO SO THE MAN TO SO THE
	គួញិ រីដីសំ រីសេខិត្តិស្ន
	FEE \$2 1931
	FOR GOM.
	şêşêşê biştê3ê -
Subsurface Safety Valve: Manu. and Type	Set Color Set Set Ft.
18. I hereby certify that the foregoing is true and correct	0.00
SIGNED TITLE Mng. Partner	
	အားသည်မှန် မြိတ် မြိမ်သည်
(This space for Federal or State offic	e use) ### ################################
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
N'MOCC	TOTATE COMMINGEN THE TOTAL TOT

*See Instructions on Reverse Side