Form Approved. 9-331 Budget Bureau No. 42-R1424 1073 UNITED STATES 5. LEASE NM-4462 DEPARTMENT OF THE INTERIOR 14 5 GEOLOGICAL SURVEY MAIL ROOM 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 4.7 7. UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS ON : 1348 (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.) FARMINGS UN. NEW HEXIE 8. FARM OR LEASE NAME Schalk 62 [X]- £. . 9. WELL NO. other well well 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Schalk Development Co. Basin Dakota 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR Albuq. N.M. P.O. Box 25825 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 T-32N = R-5W12. COUNTY OR PARISH 13. STATE ... = 890' FEL AT SURFACE: 1190' FSL NMRio Arriba AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 14. API NO. 30-039-20592 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) REPORT, OR OTHER DATA 6301 GR SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES

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.)*

Due to the inability of this well to buck line pressure, we request a long term shut-in status.

THIS A.T.

Subsurface Safety Valve: Manu. and Type

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

TITLE AGENT DATE 1-25-89

(This space for Federal or State office use)

Long Term Shut-In

ABANDON*

(other)

TITLE ____

*See Instructions on Reverse Side

-5196C