

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYRECEIVED
BLM MAIL ROOM

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 ☒ other2. NAME OF OPERATOR
Schalk Development Co.3. ADDRESS OF OPERATOR
P.O. Box 25825 Albuq. N.M. 87125

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1188' FSL 1107' FWL
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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐

(other) Extension of Shut-In Status

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.)*

We request an extension of shut-in status on this well until July 31, 1989. By that time the operator will perform a casing integrity test. This will involve setting a plug or packer, and then applying pressure up to 1000psi. This must hold for at least 15 minutes with no more than a 15 percent loss.

We find it unfeasable to perform the integrity test at the present time, due to adverse weather & road conditions.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED

TITLE AGENT

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

5. LEASE

NM-6894

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Schalk 94

9. WELL NO.

#3

10. FIELD OR WILDCAT NAME

Albino Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 26, T-32N R-8W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

14. API NO.

30-045-21365

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6893' KB

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

RECEIVED

FEB 06 1989

CIL CON

DATE

1-25-89

James E. Edwards Jr.