

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instructions on re-
verse side)

Budget Bureau No. 1001-01 US
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-6894

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT..." for such proposals.)

1. OIL WELL GAS WELL OTHER AREA: FARMINGTON RESOURCE AREA

2. NAME OF OPERATOR
Schalk Development Co.

3. ADDRESS OF OPERATOR
P.O. Box 25825 Albuquerque, N.M. 87125

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1188' FSL 1107' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Schalk 94

9. WELL NO.

10. FIELD AND FOOT OR WILDCAT
#3
Pictured Cliffs

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T32N, R8W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6893' KB 6877' GL

12. COUNTY OR PARISH
San Juan

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 plan to cement part of perforations in Pictured Cliffs and perforate another part of same zone / apply to perform work by September or October of 1990 / if work not performed by that time, we plan on moving completion unit on well and pressure test casing.

RECEIVED

MAY 14 1990

OIL CON. DIV. J
DIST. 3

THIS APPROVAL EXPIRES NOV 01 1990

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

SIGNED: *[Signature]* TITLE: Agent

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____
CONDITIONS OF APPROVAL, IF ANY:

NMOC

*See Instructions on Reverse Side

APPROVED

DATE 4/26/90

MAY 08 1990
DATE

Ken Townsend

FOR AREA MANAGER
FARMINGTON RESOURCE AREA