

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

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 AND POOL, OR WILDCAT

Pictured Cliffs

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

Sec. 26, T-32N, R-8W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1.

OIL ☐ GAS ☒
WELL WELL OTHER

2. NAME OF OPERATOR

SCHALK DEVELOPMENT CO.

3. ADDRESS OF OPERATOR

P. O. Box 25825 / Albuquerque, NM 87125

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1,188' FSL & 1,107' FWL

14. PERMIT NO.

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

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(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.)*

This Notice is in response to your letter dated April 18, 1994.

This well has been recompleted in the Pictured Cliffs formation. We are currently awaiting the approval by governmental agencies of our surface comingling plan. Once approval has been obtained, we will begin producing the well.

RECEIVED
MAY 19 1994

OIL CON. DIV.
DIST. 3

RECEIVED
BLM
94 APR 26 AM 11:21
070 FARMINGTON, NM

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

SIGNED

TITLE General Manager

DATE 4/25/94

(This space for Federal or State office use)

NOTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

FARMINGTON DISTRICT OFFICE