

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

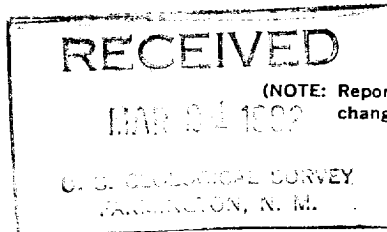
1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
SCHALK DEVELOPMENT COMPANY
3. ADDRESS OF OPERATOR
P O BOX 25825 / ALBUQUERQUE NM 87125
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: SE/4 NW/4 SEC. 26
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 1560' FNL; 1640' FWL; 26
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

(other) SET PRODUCTION CASING



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.
4A
10. FIELD OR WILDCAT NAME
BLANCO MESA VERDE
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
NEW MEXICO
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6710' GR

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.)*

3/20/82

RAN 159 JTS 4 1/2" 11.6# PRODUCTION CASING. SET AT 6310'

CEMENTED IN TWO STAGES:

1st. W/430 SKS CLASS 'B', 2% CALCIUM CHLORIDE, 6 1/4# GEL 1/4# FLO CEL, AND 8# SALT P/SK.

2nd. W/830 SKS HALCO LITE, 6 1/4# GEL, 1/4# FLO CEL. FOLLOWED W/50 SKS CLASS 'B', 8# SALT P/SK.

CIRCULATED TO SURFACE

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED STEVE SCHALK TITLE AGENT DATE 3/23/82

(This space for Federal or State Office use)

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

*See Instructions on Reverse Side

NMOCC

ACCEPTED FOR RECORD

MAR 26 1982

FARMINGTON DISTRICT

BY RSB