

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

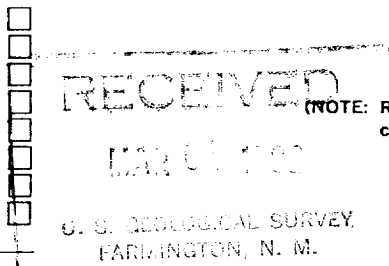
SUNDRY NOTICES AND REPORTS ON WELLS

(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 SE/4 SEC. 26
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 1020' FSL;1120' FEL;SEC 26
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) SET PRODUCTION CASING ☐



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

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.)*

3/4/82

4 1/2"

RAN 159 JTS 11.6# K5 ST & C PRODUCTION CASING. SET AT 6233'

CEMENTED IN TWO STAGES:

1st. 375 SKS CLASS 'B' 2% CALCIUM CHLORIDE 6 1/4# GEL 1/4# FLO CEL, AND 8# SALT P/SK.

2nd. 380 SKS HALLIBURTON LITE 6 1/4# GEL P/SK. 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 3/5/82

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

FARMINGTON, N.M.

Smn