(Do not use this form reservoir, Use Form 9

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON*

(other) SET PRODUCTION

DE

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE NM 6894 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE 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 eservoir. Use Form 9–331–C for such proposals.)						
1. oil gas X other	SCHALK 94 9. WELL NO.					
2. NAME OF OPERATOR SCHALK DEVELOPMENT COMPANY	2A 10. FIELD OR WILDCAT NAME BLANCO MESA VERDE					
3. ADDRESS OF OPERATOR P O BOX 25825/ALBUQUERQUE NM 87125	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA					
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: SE/4 SE/4 SEC. 26 AT TOP PROD. INTERVAL:	SEC. 26, T-32N, R-8W 12. COUNTY OR PARISH 13. STATE SAN JUAN - NEW MEXICO					
AT TOTAL DEPTH: 1020' FSL;1120' FEL;SEC 26 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.					

16. CHECK APPRO REPORT, OR OTHER DATA

CASING

SUBSEQUENT REPORT OF:		
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Description of the second of the second second		
RECEIVE NOTE:	Report results of multip	ole completion of zone
# }	change on Form 9-330	Q
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SING TO U.S. GEOLOGICAL SURVEY	5 L L	호 불의중하다.
DINO PARILIBRATION N.M.	C. 1	그부

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

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

41/2"

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

CEMENTED IN TWO STAGES:

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

380 SKS HALLIBURTON LITE 6 1/4# GEL P/SK. 2nd. W/50 SKS CLASS 'B' 8# SALT P/SK.

CIRCULATED TO SURFACE

Subsurface Safety Valve: Manu, and Type	9			Set (დ)∷			. Ft.
18. I hereby certify that the foregoing is	true and correct		 تون تاب	<u>ें</u> इ. व.				
SIGNED SHEVE SCHALK	TITLEAGENT DATE	E	3/	5/8	2 - '	* :	<u>. :</u>	
	(This space for Federal or State office use)	:	- ()	i 4		= = :		

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

DATE

*See Instructions on Reverse Side