

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYForm Approved.  
Budget Bureau No. 42-R1424

## 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: NE/4 NE/4 SECTION 26  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: 790' FNL; 790' 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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) SEE BELOW	

5. LEASE  
NM 6894
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
SCHALK 94
9. WELL NO.  
5
10. FIELD OR WILDCAT NAME  
PICTURED CLIFFS
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.  
30-045-25182
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6780' GR

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

AUG 12 1982

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.)\*

8/11/82

WE REQUEST AN EXTENSION OF SIX MONTHS ON OUR PERMIT TO  
DRILL THE PROPOSED LOCATION.

to 3-4-82



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 8/11/82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

APPROVED

AUG 16 1982

Elliott  
for DISTRICT ENGINEER