

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No 1004-0137  
Expires: March 31, 2007

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an  
abandoned well. Use Form 3160-3 (APD) for such proposals.**

5 Lease Serial No  
NM 4455

6 If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE** - Other instructions on page 2.

7 If Unit of CA/Agreement, Name and/or No

1 Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

8 Well Name and No  
SCHALK 55 #200

2 Name of Operator  
SCHALK DEVELOPMENT CO.

9 API Well No  
30-039-30018

3a Address  
P. O. BOX 25825, ALBUQUERQUE, NM 87125

3b Phone No (include area code)  
(505) 881-6649

10 Field and Pool or Exploratory Area  
BASIN FRUITLAND COAL

4 Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1,945' FNL & 1,800' FWL, SECTION 3, T-30N, R-5W

11 Country or Parish, State  
RIO ARRIBA COUNTY, NEW MEXICO

**12 CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA**

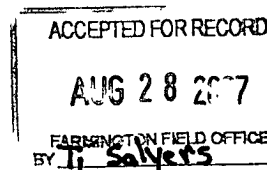
TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <b>PRSSURE TEST</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<b>7" INTERMEDIATE</b>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<b>CASING</b>

13. Describe Proposed or Completed Operation Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA Required subsequent reports must be filed within 30 days following completion of the involved operations If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

RIG UP PROFESSIONAL WELL SERVICE COMPLETION UNIT #4 ON 07/16/07. TRIP IN HOLE WITH 6-1/4" BIT; TAGGED CEMENT AT 2,955' KB. PRESSURE TEST CASING TO 2,500 PSI.

RCVD AUG 29 '07  
OIL CONS. DIV.

DIST. 3



210 FARMINGTON NM

RECEIVED

2007 AUG 20 AM 11:11

14. I hereby certify that the foregoing is true and correct.  
Name (Printed/Typed)  
STEVE SCHALK

Title MANAGER

Signature

Date 07/20/2007

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

NMOCD