

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-18328

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 29-4 #3

2. Name of Operator

JOHN E. SCHALK

9. API Well No.

30-03921138

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
GOBERNADOR PICTURED CLIFFS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
910' FNL & 1,010' FEL, SECTION 32, 29N, R-4W

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 checked="" 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 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 type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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.)

WE ARE PLANNING TO SWAB THIS WELL THIS WEEK AND SHOULD HAVE THE WELL BACK ON LINE BY OCTOBER 15, 2007. THE PLAN TO ACIDIZE THE WELL WAS ULTIMATELY REJECTED DUE TO COST AND LIMITED INCREASE IN POSSIBLE PRODUCTION. IF THE WELL DOES NOT RESPOND TO SWABBING WE WILL SUBMIT A PLUGGING PROCEDURE TO YOU FOR YOUR APPROVAL.

RECEIVED

OCT 4 2007

Bureau of Land Management
Farmington Field Office

RCVD OCT 17 '07

OIL CONS. DIV.

DIST. 3

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

Name (Printed/Typed)

STEVE SCHALK

Title AGENT

Signature

Date 10/01/2007

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

Approved by

Title

Date

OCT 16 2007

FARMINGTON FIELD OFFICE

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.

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