

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
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 790' PSL, 790' FEL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) DRILLING ☒

SUBSEQUENT REPORT OF:

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☐
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☐
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5. LEASE
NM 23041
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Schalk 41
9. WELL NO.
#3
10. FIELD OR WILDCAT NAME
Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 16, T25N, R3W
12. COUNTY OR PARISH 13. STATE
RIO ARriba NEW MEXICO
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7335 GR

(NOTE: Report results of multiple completion or 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.)*

2/1/79 Spud and drill surface hole to 351'

2/2/79 Set 8 jts (331.02') 8-5/8" 24# casing @ 347 KBM.
Cemented with 250 sxs. Reg., 2% C.C.
Plug down @ 4:45 A.M.

2/9/79 Lost circulation @ 3820'

2/10/79 Drilling 7-7/8" hole @ 4314'

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED [Signature] TITLE Managing Partner DATE 2/14/79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____