

## SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ other ☐

2. NAME OF OPERATOR  
SCHALK DEVELOPMENT CO.

3. ADDRESS OF OPERATOR  
P. O. BOX 25825 / ALBUQ., NM 87125

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1850' FNL; 790' FWL  
AT SURFACE: Sec. 36, T-25N, R-3W  
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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other) See Below	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

RECEIVED

JUN 03 1982

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

(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.)\*

6/1/82 We request an extension of 6 months for our Permit to Drill the proposed location. *extended to 12/18/82*

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE AGENT DATE June 1, 1982

(This space for Federal or State office use)

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

**\*See Instructions on Reverse Side**

**NMOCC**

APPROVED

JUN 1 1982

Elliott  
FOR DISTRICT ENGINEER