

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form 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  
M. R. Schaik
3. ADDRESS OF OPERATOR  
P. O. Box 26687, Albuquerque, N.M. 87125
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: SW/4 NE/4 Section 8  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: 2160' FNL & 1900 FEL
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) Change in Production casing program

5. LEASE  
SF 080565-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Schalk - Ojito
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
Ojito Gallup-Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 8, T-25N, R-3W
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
New Mexico
14. API NO.  
None
15. ELEVATIONS (SHOW DE, KDB, AND WD)  
7128' GL

(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.)\*

We request permission to change the production casing as shown on our Application for Permit to Drill (approved October 5, 1984) from 5-1/2", 15.5 lb/ft, J-55 casing to 4-1/2", 11.60 lb/ft., N-80 casing. Setting depth and cementing program would remain unchanged.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED [Signature] TITLE Agent DATE 11-19-84

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

**APPROVED**

NOV 23 1984

MANAGER  
FARM & RANGE SERVICE AREA