

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 CO.
3. ADDRESS OF OPERATOR
P. O. Box 25825/ Albuq., NM 87125
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1190' FWL; 1055' FSL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE NM 4463	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----	
7. UNIT AGREEMENT NAME -----	
8. FARM OR LEASE NAME Schalk 63	
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME Basin Dakota	
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 34, T-32N, R-5W	
12. COUNTY OR PARISH Rio Arriba	13. STATE NM
14. API NO. 30-039-20596	
15. ELEVATIONS (SHOW DEPTH, KDB, AND WD)	

- 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) ☐

SUBSEQUENT REPORT OF:

- ☐
- ☒
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

RECEIVED

AUG - 1981

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

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.)*

Acidize Dakota formation to stimulate gas production.
6/13/81 Pulled tubing. Set bridge plug at 7467'.
6/18/81 Acidized and balled off. Acidized formation with 250 gal acid.
6/20/81 Swab fluid down to 5500'.



Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED _____ TITLE Mng. Partner DATE August 3, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
AUG 20 1981

FARMINGTON DISTRICT

BY