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FORM APPROVED

(September 2001)		DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			OMB No. 1004-0135 Expires January 31, 2004 5. Lease Serial No.			
I a	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:				6 If Indian, Allottee or Tribe Name			
St	JBMIT IN TRI	PLICATE - Other instr	ructions on reverse	side OEIN.	7. If Unit	t or CA	/Agreement, Name and/or No.	
1. Type of Well	_				<u></u>			
Oil Well Gas Well Other					8. Well Name and No.			
2. Name of Operator						SCHALK 54#2005		
SCHALK DEVELOPMENT CO. 3a. Address 3b. Phone No. (include area code)					9. API Well No.			
, , ,					3003927622 10. Field and Pool, or Exploratory Area			
P.O. BOX 25825 ALBUQ. N.M. 87125 (505) 881-6649 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					BASIN FRUITLAND COAL			
1545°F51	1 4 765 F	EL, Sec. 2, T	30N, R-5W		RIO I	ty or Pa	urish, State	
12	2. CHECK AP	PROPRIATE BOX(ES) T	O INDICATE NATU	RE OF NOTICE, R	EPORT, C	OR O	THER DATA	
TYPE OF SU	JBMISSION	TYPE OF ACTION						
		Acidize	Deepen Deepen	Production (Star	t/Resume)	ū	Water Shut-Off	
Notice of Ir	itent	Alter Casing	☐ Fracture Treat	Reclamation			Well Integrity	
Subsequent	Report	Casing Repair	New Construction	Recomplete			Other	
Subsequent	Кероге	Change Plans	Plug and Abandon	Temporarily Al	oandon			
Final Abane	donment Notice	Convert to Injection	Plug Back	Water Disposal				
If the propose Attach the Bo following cor testing has be determined th	al is to deepen direct ond under which the inpletion of the invited. Fire at the site is ready	ctionally or recomplete horizon ne work will be performed or p solved operations. If the operati	tally, give subsurface location rovide the Bond No. on file on results in a multiple con be filed only after all required.	ons and measured and treatment of the BLM/BIA. Requirements or recompletion irrements, including rec	ue vertical d ired subsequ in a new int	epths o ent rep erval, a	and approximate duration thereof f all pertinent markers and zones orts shall be filed within 30 days a Form 3160-4 shall be filed once a completed, and the operator has	

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) FIELD SUPERINTENDEN Signature THIS SPACE FOR FEDERAL OR STATE OFFICE USE . VOCEPTED FOR RECOR Approved by Title 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. Office

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.

