	Form 3160-5 (September 2001)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			FORM APPROVED OMB No. 1004-0135 Expires January 31, 2004 5. Lease Serial No.		
	SUNDRY NOTICES AND REPORTS ON WELLS			NM 4449 6. If Indian, Allottee or Tribe Name			
•	abandoned w	Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				o. II musin, Allouce of Thoe Name	
	SUBMIT IN TR	BMIT IN TRIPLICATE - Other instructions on reverse side			7. If Unit or CA/Agreement, Name and/or No.		
	2. Name of Operator SCHALK DEVELOPMENT CO.				8. Well Name and No. SCHALK 49 #2 9. API Well No.		
D	3a. Address 3b. Phone No.			clude area code) 3003920720			
Р.			(505)881	-6649	10. Field and Pool, or Exploratory Area		
	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 850' FSL & 1765' FEL Sec 23 T30N R4W				11. County or Parish, State Rio Arriba County, NM		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATTYPE OF SUBMISSION TYPE OF ACTION						<u>————</u> ГА	
		☐ Acidize	Deepen	Production (Star	t/Resume)	Off	
	Notice of Intent	Alter Casing	Fracture Treat	Reclamation	☐ Well Integri	ty	
	Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abando	,	Other		
	Final Abandonment Notice	Convert to Injection	Plug and Abando Plug Back	on I Temporarily Al Water Disposal	pandon		
	following completion of the intesting has been completed. For determined that the site is ready This well is compared bring it back. April 1st. It	the work will be performed or provolved operations. If the operations in the operation of the operation of the performent Notices shall be for final inspection.) On forest service into production in the production of the produc	on results in a multiple be filed only after all recent to the control of the con	completion or recompletion equirements, including recommendation to a cess restriction to the cess restriction of the cess res	in a new interval, a Form 3160- amation, have been completed, a attempt operat ctions are lif ically viable	4 shall be filed one and the operator has ions to ted and we	
	14. I hereby certify that the foregoin Name (Printed/Typed)	ing is true and correct	1				
	Steve Schalk		Title	Agent			
	Signature	Shull	Date	01/20/04			
	THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
	Approved by			Title	Date		
	Conditions of approval, if any, are	attached. Approval of this noti	ce does not warrant or	Tide	Date		
	certify that the applicant holds leg which would entitle the applicant to		us in the subject lease	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 a my false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

JAN 2 2004

NWOCD