

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 Company
3. ADDRESS OF OPERATOR  
P.O. Box 25825 / Albuquerque, NM 87125
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 790' FNL, 790' FEL, S.34, T25N, R3W  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
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) DRILLING         | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> |

|  |                         |
|--|-------------------------|
| 5. LEASE<br>NM-23043   |                         |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>-----                          |                         |
| 7. UNIT AGREEMENT NAME<br>-----  |                         |
| 8. FARM OR LEASE NAME<br>Schalk 43                                     |                         |
| 9. WELL NO.<br>#2  |                         |
| 10. FIELD OR WILDCAT NAME<br>Wildcat                                   |                         |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 34, T25N, R3W |                         |
| 12. COUNTY OR PARISH<br>Rio Arriba                                     | 13. STATE<br>New Mexico |
| 14. API NO.  |                         |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD)                                  |                         |

(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.)\*

10/24/79 Spud and drill surface hole to 327'

10/24/79 Ran 8 jts. 8-5/8" 24# casing set @ 327 KBM. Cemented with 200 sxs. Neat Class 'B' with 2% c.c.

10/30/79 Lost circulation @ 4488'.

10/31/79 Drilling 7-7/8" hole @ 4820'

Subsurface Safety Valve: Manu. and Type

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

SIGNED [Signature] TITLE Managing Partner DATE October 31, 1979

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: