

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.)

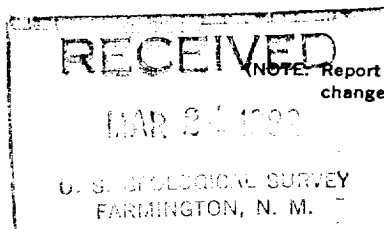
1. oil well ☐ gas well ☒ other \_\_\_\_\_  
2. NAME OF OPERATOR  
M.R. SCHALK  
3. ADDRESS OF OPERATOR  
P O BOX 25825 ALBUQUERQUE NM 87125  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: NE/4 NE/4 Section 1  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: 790' FNL; 1040' FEL; SEC 1  
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

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5. LEASE  
SF 078101  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
SHIPP GAS COM  
9. WELL NO.  
1E  
10. FIELD OR WILDCAT NAME  
BASIN DAKOTA  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 1, T-27N, R-13W  
12. COUNTY OR PARISH  
SAN JUAN  
13. STATE  
NEW MEXICO  
14. API NO.  
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15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5760'

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.)\*

1/4/82 Reached T.D. @ 6100'

Plug Back T.D. 6039'

2 3/8" Tubing Set @ 5934'

2/19/82 Perforated from 5940' - 6022' (2 JSPF)

2/21/82 Fractured W/90,000 GAL 40# GDX-7

112,000# 20/40 SAND

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

Set @ \_\_\_\_\_ Ft.

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

SIGNED

STEVE SCHALK

TITLE AGENT

DATE 3/22/82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT

BY SMH