I-149-IND-8182

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

5. LEASE

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

| well well kan 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: NW/4 SE/4 SEC. 12  AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 1850' FSL; 1540' FEL; SEC 12  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF   |   | NAVAJO   |
|--|---|--|
| 1. oil gas KX other  2. NAME OF OPERATOR M. R. SCHALK 3. ADDRESS OF OPERATOR P. O. BOX 2.5825 / ALBUQUERQUE NM 8.7125 At SURRACE: NW/4 SE/4 SEC. 12 AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 1850 ' FSL; 1540 'FEL; SEC 12 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE ULL OR ALTER CASING WILTIPLE COMPLETE CHANGE ZONES ABANDON' (other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give perti |   | 7. UNIT AGREEMENT NAME   |
| 1. oil well gest KX 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: NW/4 SE/4 SEC. 12 AT TOTAL DEPTH: 1850' FSL; 1540'FEL; SEC 12 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF   | reservoir. Use Form 9–331–C for such proposals.)        | 8. FARM OR LEASE NAME  |
| 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: NW/4 SE/4 SEC. 12  AT TOP PROD. INTERVAL:  TOTAL DEPTH: 1850' FSL; 1540'FEL; SEC 12  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF  TEST WATER SHUT-OFF  TEST WATER SHUT-OFF  TRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  DULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON'  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent of including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)*  1/31/82 TOTAL DEPTH WAS REACHED @6062'  PLUG BACK TD @6018'  Subsurface Safety Valve: Manu. and Type  Sub | O KI  | CHARLES HOSH Charley Ha  |
| 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: NW/4 SE/4 SEC. 12 AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 1850 ' FSL; 1540 ' FEL; SEC 12  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF CHANGE ZONES HEADLY COMPLETED CHANGE ZONES HEADLY COMPLETED CHANGE ZONES HEADLY COMPLETED CHANGE ZONES HEADLY COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent of this work.)*  1/31/82 TOTAL DEPTH WAS REACHED 6062' PLUG BACK TD 66018'  Set @  18. I hereby certify that the tyregory is three and correct HEADLY COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent of this work.)*  Set @  18. I hereby certify that the tyregory is three and correct HEADLY COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent of this work.)*  Subsurface Safety Valve: Manu. and Type  Set @  18. I hereby certify that the tyregory is three and correct HEADLY COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent of this work.)*  Subsurface Safety Valve: Manu. and Type  Set @  18. I hereby certify that the tyregory is three and correct  SIGNUM STATES TO A STATES TO | Well — Well Other                                       |  |
| 3. ADDRESS OF OPERATOR P O BOX 25825 / ALBUQUERQUE NM 87125 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: NW/4 SE/4 SEC. 12 AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 1850' FSL; 1540'FEL; SEC 12 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF TRACTURE TREAT SHOOT OR ACIDIZE BEPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES BASIN DAKOTA  11. SEC., T., R., M., OR BLK. AND SURVE AREA SEC. 12, T-27N, R-13W 12. COUNTY OR PARISH 13. STATE SAN JUAN NEW MEXI  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND 5794' GR  (NOTE: Report results of multiple completion or change on form 9-330)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent directional estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)*  1/31/82 TOTAL DEPTH WAS REACHED @6062' PLUG BACK TD @6018'  Subsurface Safety Valve: Manu. and Type  18. I hereby certly that the lyregory is true and correct  SIGNAL STATE ALBUQUEROUS ALBUQUEROUS ALBUQUE AND STATE AND STATE ALBUQUE AND ST | 2. NAME OF OPERATOR                                     | L TE Francis   |
| P O BOX 25825 / ALBUQUERQUE NM 87125 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: NW/4 SE/4 SEC. 12 AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 1850' FSL;1540'FEL;SEC 12 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: FRACTURE TREAT SHOOT OR ACIDIZE CHANGE ZONES BABANDON' (other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent of including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)*  1/31/82 TOTAL DEPTH WAS REACHED @6062' PLUG BACK TD @6018'  Set @  18. I hereby certly that the lyregure surve and correct  SIGNAL JUAN NEW MEXI  11. SEC., T., R., M., OR BLK. AND SURVE AREA AREA SEC. 12, T-27N, R-13W  12. COUNTY OR PARISH   13. STATE SAN JUAN NEW MEXI  14. API NO.  15. ELEVATIONS (SHOW DF. KDB. AND 5794' GR  (NOTE: Raport results of multiple completion or change on Form 9-330).  (NOTE: Raport results of multiple completion or change on Form 9-330).  15. ELEVATIONS (SHOW DF. KDB. AND 5794' GR  16. CHECK APROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent or including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)*  1/31/82 TOTAL DEPTH WAS REACHED @6062' PLUG BACK TD @6018'  Set @  18. I hereby certly that the lyregure surve and correct  SIGNAL JUAN NEW MEXI  14. API NO.  15. ELEVATIONS (SHOW DF. KDB. AND 5794' GR  16. CHECK APROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent or change on Form 9-330).  18. I hereby certly that the lyregure survey and correct  SIGNAL JUAN NEW MEXI  14. API NO.  15. ELEVATIONS (SHOW DF. KDB. AND 5794' GR  16. CHECK API NO.  17. DESCRIBE PROPOSED OR COMPLETED OPE |   |  |
| A. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below.)  AT SURFACE: NW/4 SE/4 SEC. 12  AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 1850' FSL; 1540' FEL; SEC 12  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF  | 3. ADDRESS OF OPERATOR                                  | BASIN DAKOTA   |
| A. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  AT SURFACE: NW/4 SE/4 SEC. 12  AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 1850' FSL;1540' FEL; SEC 12  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHU1-OFF   | P O BOX 25825 / ALBUQUERQUE NM 87125                    | 11. SEC., T., R., M., OR BLK. AND SURVEY OF  |
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| AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 1850' FSL;1540'FEL;SEC 12  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  REST WATER SHUT-OFF   |   |  |
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| 15. ELEVATIONS (SHOW DF, KDB, AND 5794' GR  16. CHECK APPROPOSED TO:  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give |   | SAN JUAN NEW MEXICO  |
| 15. ELEVATIONS (SHOW DF, KDB, AND 5794' GR  16. CHECK APPROPOSED TO:  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give | AT TOTAL DEPTH: 1850' FSL; 1540' FEL; SEC 12            | 14. API NO   |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  STAGET WATER SHUT-OFF  RACTURE TRAT  SHOOT OR ACIDIZE  CHAIR WELL  CHAIR WELL  CHAIR CONES  CHAIR CHAIR CONES  CH | .6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, |  |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:    1  | REPORT, OR OTHER DATA                                   | 15. ELEVATIONS (SHOW DF, KDB, AND WD   |
| Subsurface Safety Valve: Manu. and Type  Subsurface Safety Valve: Manu. and Type  18. I hereby certity that the tyregolar is true and correct  SIGNID FOR ACEDIZE SHOOT OR ACIDIZE SHOOT OR ACIDI |   | 5794' GR   |
| RACTURE TREAT  SHOOT OR ACIDIZE  COULD OR ACIDIZE  COULD OR ALTER CASING  CHANGE ZONES  BARNDON*  Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent details, and give pertinent details d | REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:          |  |
| SHOOT OR ACIDIZE   |   |  |
| REPAIR WELL  OULL OR ALTER CASING  |   |  |
| Change on Form 9-330)  MULTIPLE COMPLETE  CHANGE ZONES  BBANDON* Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dincluding estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)*  1/31/82 TOTAL DEPTH WAS REACHED @6062' PLUG BACK TD @6018'  Subsurface Safety Valve: Manu. and Type  Set @  18. I hereby certify that the thregoing is true and correct  SIGNUM STEVE SCHALK  TITLE AGENT  DATE  5/7/82  |   |  |
| MULTIPLE COMPLETE CHANGE ZONES CHANDON* Cother)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dincluding estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)  1/31/82 TOTAL DEPTH WAS REACHED @6062' PLUG BACK TD @6018'  Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the type going is true and correct Signed Steve SCHALK  TITLE AGENT DATE 5/7/82  |   | (NOTE: Report results of multiple completion or zon  |
| CHANGE ZONES  BANDON*  Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent of including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)*  1/31/82 TOTAL DEPTH WAS REACHED @6062' PLUG BACK TD @6018'  Subsurface Safety Valve: Manu. and Type  Set @  18. I hereby certity that the tregoing is true and correct  SIGNE STEVE SCHALK  TITLE AGENT  DATE 5/7/82   |   | change on Form 9-330.)   |
| ABANDON* other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dincluding estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)*  1/31/82 TOTAL DEPTH WAS REACHED @6062' PLUG BACK TD @6018'  Subsurface Safety Valve: Manu. and Type  Set @  18. I hereby certify that the foregoing is true and correct  Signal State SCHALK  TITLE AGENT  DATE 5/7/82   |   | 그는 그는 사람들은 교육하다는 중국회원이다.   |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent details including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)  1/31/82 TOTAL DEPTH WAS REACHED @6062' PLUG BACK TD @6018'  Subsurface Safety Valve: Manu. and Type  Set @  18. I hereby certify that the foregoing is true and correct  STEVE SCHALK  TITLE AGENT  DATE 5/7/82   |   | 그는 이 사용하는 모두여에는 한 살았다.   |
| including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)  1/31/82 TOTAL DEPTH WAS REACHED @6062' PLUG BACK TD @6018'  Subsurface Safety Valve: Manu. and Type  Set @  18. I hereby certify that the foregoing is true and correct  SIGNE STEVE SCHALK  TITLE AGENT  DATE 5/7/82  | - <del>-</del> +  | 1997年,1997年第八年,1997年2月1日 - 1997年 - 19  |
| 18. I hereby certify that the foregoing is true and correct  SIGNE STEVE SCHALK TITLE AGENT DATE 5/7/82  |   | A terror of the product of the produ |
| SIGNE STEVE SCHALK TITLE AGENT DATE 5/7/82   | Subsurface Safety Valve: Manu. and Type                 | Set @ F  |
| SIGNE STEVE SCHALK TITLE AGENT DATE 5/7/82   |   |  |
| STEVE SCHALK   |   | 610100   |
| (This space for Federal or State office use)   | SIGNED THAT K TITLE AGENT                               | DATE   |
| (This space for Federal or State office use)   | STEVE SCHAER  |  |
|  |   |  |
| APPROVED BY TITLE DATE CONDITIONS OF APPROVAL IF ANY:  | **************************************                  | DATE   |

\*See Instructions on Reverse Side

**NMOCC** 

BY SMM