

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 ☐ gas ☒ other ☐
well well

2. NAME OF OPERATOR
JOHN E. SCHALK

3. ADDRESS OF OPERATOR
P.O. Box 25825/ Albuq., NM 87125

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1170' FSL; 950' FWL
AT SURFACE: Sec. 25, T-29N, R-4W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

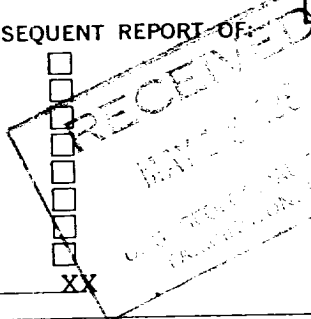
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

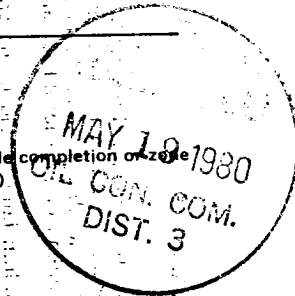
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) DRILLING ☒

SUBSEQUENT REPORT OF:

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)



5. LEASE
NM-18324
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
SCHALK 29-4
9. WELL NO.
26
10. FIELD OR WILDCAT NAME
Gobernador Picture Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T-29N, R-4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7347'

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.)*

4/17/81 Set bridge plug at 4250'. Perforate @ 4154 & 4156'. Squeeze 250 sxs. class 'B' cement thru perforations.
4/21/81 Perforate @ 4049' and 4051'. Squeeze 150 sxs. neat Class 'B' cement thru perforations.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE OPERATOR DATE 5/13/81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

NMOCC