

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1001-0115
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 18324

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SCHALK 29-4

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Gobernador Pic. Cliffs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR ARMA

Sec. 25, T-29N, R-4W

12. COUNTY OR PARISH

13. STATE

Rio Arriba

NM

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
JOHN E. SCHALK

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1,170' FSL & 950' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7,347'

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

This well is often unable to buck the line pressure on Williams Field Service system. We plan to produce the well during summer months with the installation of a temporary (mobile) compressor unit and/or the use of soap.

RECEIVED
MAY 23 1994
OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE Agent

DATE

5/16/94

(This space for Federal or State office use)

APPROVED BY

TITLE

FILED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

MAY 17 1994

*See Instructions on Reverse Side

NMOCD

FARMINGTON DISTRICT OFFICE