

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  
JOHN E. SCHALK

3. ADDRESS OF OPERATOR  
P. O. BOX 25825 / ALBUQUERQUE, NM 87125

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1750' FSL, 1015' FWL, Sec. 27,  
AT SURFACE: 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:	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) See explanation below

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.)\*

8/31/79 We request an extension of one year for our permit to drill the proposed location.

Form Approved.  
Budget Bureau No. 42-R1424

5. LEASE NM-18326
6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
7. UNIT AGREEMENT NAME ---
8. FARM OR LEASE NAME Schalk 29-4
9. WELL NO. 8
10. FIELD OR WILDCAT NAME Gobernador, Pic. Cliffs
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 27, T-29N, R-4W
12. COUNTY OR PARISH Rio Arriba
13. STATE 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.)

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

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

SIGNED John E. Schalk TITLE OPERATOR DATE August 31, 1979

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: