

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, New Mex. 87125

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: SW/4 SW/4 Section 23
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 950' FSL; 800' FWL, Sec. 23

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

5. LEASE
NM 18322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Schalk 29 - 4

9. WELL NO.
10

10. FIELD OR WILDCAT NAME
Gobernador Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 23, T-29N, R-4W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

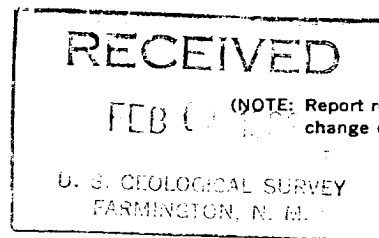
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7322' GR

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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

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

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.)*

We request permission to change the name of the Operator of this well from:

John E. Schalk
P.O. Box 25825
Albuquerque, New Mexico 87125

to:

M. R. Schalk
P.O. Box 25825
Albuquerque, New Mexico 87125

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Steve Hall TITLE Agent

DATE January 28, 1982

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

BY K2 FARMINGTON DISTRICT

ACCEPTED FOR RECORD

FEB 2 1982