

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
Schalk Development Company

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1625' FNL; 790' FEL, Sec.2,T-30N
AT TOP PROD. INTERVAL: R-5W, Rio Arriba, NM
AT TOTAL DEPTH:

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

5. LEASE
NM 4454

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Schalk 54

9. WELL NO.
2A

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 2, T-30N, R-5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

- 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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RECEIVED
NOV 10 1980
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

NOV 10 1980
OIL CONG. COM.
DIST. 3

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.)*

11/9/80 Set 10.5# , 4-1/2" Casing @ 6050'

11/10/80 Cemented in two Stages:

1st Stage - 200 Sxs 50/50 Pos mix, 2% Gel/Sx; 6-1/4# Gilsonite/Sx. Followed by 100 Sxs Class 'B' w/6-1/4# Gilsonite/Sx. Plug down 12:35 a.m.

2nd Stage - 475 Sxs 6 /35 Howco Lite, 6% Gel & 1/4# Flow Sele/Sx.. Followed by 100 Sxs Class 'B' w/1/4 # Flow Sele & 6-1/4# Gilsonite/Sx. Plug down 5:20 a.m.

Float @ 6011'
Shoe @ 6053'
DV @ 4932'

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

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

SIGNED [Signature] TITLE Managing Partner DATE November 12, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

BW