

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Form No. 1001-013
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 23044

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SCHALK 31-4

9. WELL NO.

1

10. FIELD AND FOOT, OR WILDCAT

Mesa Verde

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

Sec. 32, T-31N, R4W

12. COUNTY OR PARISH 13. STATE

1.

OIL ☐ GAS ☒ OTHER

2. NAME OF OPERATOR

SCHALK DEVELOPMENT CO.

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

1120' FSL & 960' FWL

14. PERMIT NO.

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

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 PLANS

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 has had limited production due to high line pressure and the need for surface equipment repairs. Our plan is to produce this well during summer months with a temporary compressor and/or soap. Also, we are studying the feasibility of re-connecting to a new pipeline service in the area to obtain lower gathering line pressure (the well is currently tied to Williams Field Service system).

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

SIGNATURE

TITLE General Manager

DATE

5/17/94

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

MAOCC

*See Instructions on Reverse Side

FARMINGTON DISTRICT OFFICE