

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm Approved.
Budget Bureau No. 42-R1424

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
M.R. SCHALK
3. ADDRESS OF OPERATOR
P O BOX 25825 ALBUQUERQUE NM 87125
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: SE/4 SE/4 Sec. 3
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 940' FSL; 1020' FEL; SEC 3
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) ☐

SUBSEQUENT REPORT OF:

- ☐
☒
☐
☐
☐
☐
☐
☐
☐

5. LEASE

NM 028226

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J F BELL

9. WELL NO.

2E

10. FIELD OR WILDCAT NAME

BASIN DAKOTA

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

SEC. 3, T-30N, R-13W

12. COUNTY OR PARISH

SAN JUAN

13. STATE

NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5749' GR

(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.)*

12/29/81 REACHED TD @ 6535'
PLUG BACK TD 6494'
2 3/8" TUBING SET @ 6420'
3/16/82 PERFORATED FROM 6385' - 6434' (2SPF)
3/17/82 FRACTURED W/38,000 GAL 40# GDX-7
6385' - 6434' 94,370# 20/40 SAND

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

TITLE

AGENT

DATE

4/22/82

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT

BY

Smm