

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
M. R. Schalk

3. ADDRESS OF OPERATOR
P. O. Box 25825, Albuquerque, N.M. 87125

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: NE 1/4 NW 1/4 Section 5
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 930' FNL, 1700' FWL

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

5. LEASE
SF 081239

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
L. C. Kelly

9. WELL NO.
1E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 5, T-30N, R-12W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
30-045-25349

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5991' 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) Remedial Cementing

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RECEIVED
MAR 05 1985
BUREAU OF LAND MANAGEMENT
SANDSTONE RESOURCE AREA

(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 pull the tubing on this well and set a drillable bridge plug at a depth of 1500'. We would then perforate the production casing at 725' and proceed to cement the outside of the production casing and circulate cement to surface, thereby protecting the Ojo Alamo formation. We request a period of ninety (90) days in which to perform this work to allow road and weather conditions to improve.

RECEIVED

MAR 13 1985

OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type

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

SIGNED [Signature] TITLE Agent DATE

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

This Approval ~~Or Temporary~~
Abandonment Expires June 6, 1985

*See Instructions on Reverse Side

NMOCC

APPROVED
MAR 08 1985
fr J. Stan McKee
M. MILLENBACH
AREA MANAGER