

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 NM 87125
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: NE/4 SE/4 SEC. 5  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: 1660' FSL; 790' FEL; Sec 5
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) Set production casing

## SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

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.  
2E
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 | 13. STATE  
SAN JUAN | NEW MEXICO
14. API NO.  
-----
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5861' GL

(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.)\*

5/3/82 RAN 188 JTS 5 1/2" PRODUCTION CASING 15.5# J55 CFI

SET @ 6797' KB

CEMENTED IN THREE STAGES:

1st. 190 SKS 50/50 POZ, 6% GEL, 2# MED TUF PLUG P/SK.  
FOLLOWED W/100 SKS CLASS 'B' NEAT.2nd. 210 SKS 65/35 POZ, 6% GEL, 2# MED TUF PLUG P/SK.  
FOLLOWED W/130 SKS CLASS 'B' NEAT.3rd. 650 SKS 65/35 POZ, 6% GEL, 2# MED TUF PLUG P/SK.  
FOLLOWED W/100 SKS CLASS 'B' NEAT.

CIRCULATED TO SURFACE

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED

STEVE SCHALK

TITLE

AGENT

DATE

5/6/82

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

5mm