

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

Expires August 31, 1985

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 "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		51 APR 19 AM 11:43	
2. NAME OF OPERATOR		019 FARMINGTON, N.M.	
3. ADDRESS OF OPERATOR		Schalk Development Company	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		1188' FSL & 1107' FWL	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
		6893' KB	
5. LEASE DESIGNATION AND SERIAL NO		NM-6894	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
7. UNIT AGREEMENT NAME			
8. FARM OR LEASE NAME		Schalk 94	
9. WELL NO.		#3	
10. FIELD AND POOL, OR WILDCAT		Pictured Cliffs	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		Sec. 26, T-32N, R-8W	
12. COUNTY OR PARISH		13. STATE	
San Juan		NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" type="checkbox"/>
(Other)			

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)*

Our original plans for this well were to cement part of the pictured cliffs formation and perforate, and fracture another part of same zone. Due to economic reasons, this work cannot be performed at the present time.

Our plan at this time is to go in hole with a wireline set (4.500') drillable bridge plug above top perforations. We will then pressure test casing. Your office will be notified 24 hours prior to testing and arrangements made to witness said test.

RECEIVED
APR 24 1991

OIL CON. DIV.
DIST. 3

NOV 01 1991

THIS APPROVAL EXPIRES

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

SIGNED

TITLE

GENERAL MANAGER

DATE

4/17/91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOOD

DATE

APR 19 1991

AREA MANAGER
FARMINGTON RESOURCE

*See Instructions on Reverse Side