REPAIR WELL

PULL OR ALTER CASING

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

| Dec. 1973 | Budget Bureau No. 42-R1424 | | |
|--|--|--|--|
| UNITED STATES | 5. LEASE | | |
| DEPARTMENT OF THE INTERIOR | NM 6894 | | |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different | 7. UNIT AGREEMENT NAME | | |
| (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.) | 8. FARM OR LEASE NAME | | |
| 1. oil gas W | SCHALK 94 | | |
| 2. NAME OF OPERATOR | 9. WELL NO. 4 | | |
| SCHALK DEVELOPMENT COMPANY | 10. FIELD OR WILDCAT NAME | | |
| 3. ADDRESS OF OPERATOR | BLANCO MESAVERDE | | |
| P O BOX 25825/ALBUQUERQUE NM 87125 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR | | |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA | | |
| below.) | SEC. 26, T-32N, R-8W | | |
| AT SURFACE: NE/4 NE/4 SEC. 26 | 12. COUNTY OR PARISH 13. STATE | | |
| AT TOP PROD. INTERVAL: | SAN JUAN NEW MEXICO | | |
| AT TOTAL DEPTH: 1120' FNL; 860' FEL; Sec 26 | 14. API NO. | | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | | | |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) | | |
| DECLIERT FOR APPROVAL TO. CURSTOUENT DEPORT OF | 6796' GR | | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | The state of the s | | |
| FRACTURE TREAT SHOOT OR ACIDIZE | | | |

3-56 MULTIPLE COMPLETE THE CASE J. GOOD DEMOND SOFTWAY **CHANGE ZONES** FARIMINGTON, N. M. ABANDON* CASING (other) SET 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.)*

A CEMENT BOND LOG WILL BE RUN TO DETERMINE THE TOP OF THE CEMENT, AS SOON AS A COMPLETION RIG IS AVAILABLE.

| | | | | Action Continues of the |
|--|--------------------|----------------------------|----------|--|
| Subsurface Safety Valve: Manu. and Ty | pe | | · | Set @ Ft |
| 18. I hereby certify that the foregoing is | s true and correct | | | |
| SIGNED THEY SCHALK | TITLE A | GENT | DATE | 3/16/82 |
| | (This space for Fe | deral or State office use) | | TAPERS PERSON |
| APPROVED BY | TITLE | | _ DATE _ | <u> </u> |
| CONDITIONS OF APPROVAL, IF ANY: | | | | ACCEPTED FOR RECORD |

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTINUT