

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 13376

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SCHALK 76

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

BASIN DAKOTA

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

SEC. 25, T-30N-R-4W

12. COUNTY OR PARISH 13. STATE

RIO ARRIBA

NM

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

COASTLINE PETROLEUM CO., INC.

3. ADDRESS OF OPERATOR

% JOHN E. SCHALK, P.O. BOX 26687, ALBUQUERQUE, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

1850' FNL, 1230' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7220 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

10-29-75

PLUGGING AND CEMENTING

"

"

"

"

"

"

"

"

"

"

6820' TO 6720'

6381' TO 6316'

5931' TO 5800'

3336' TO 3238'

72' TO TD

USED 15 SX CEMENT BETWEEN 13-3/8" AND 4-1/2" CASING

THE PLUGGING OPERATIONS WERE CONDUCTED BY DISPLACEMENT ON
10-29-75

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

SIGNATURE

TITLE AGENT

DATE 3-11-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 15 1976

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
WASHINGTON, D. C.

