

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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		5. LEASE DESIGNATION AND SERIAL NO. <b>NM 4462</b>
2. NAME OF OPERATOR <b>COASTLINE PETROLEUM COMPANY, INC.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
3. ADDRESS OF OPERATOR <b>%JOHN E. SCHALK, P. O. BOX 2078, FARMINGTON, N. M.</b>		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1760' FROM THE NORTH LINE, 1190' FROM THE WEST LINE</b>		8. FARM OR LEASE NAME <b>SCHALK 62</b>
14. PERMIT NO.		9. WELL NO. <b>2</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6796'</b>		10. FIELD AND POOL, OR WILDCAT <b>UNDESIGNATED GALLUP</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SEC. 33, T-32N, R-5W</b>
		12. COUNTY OR PARISH <b>RIO ARRIBA</b>
		13. STATE <b>NEW MEXICO</b>

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>WELL HISTORY</b>	<b>X</b>

(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.)\*

ATTACHED DEDICATION PLAT CHANGING THE PRODUCING FORMATION FROM A DAKOTA TO A GALLUP FORMATION AND CHANGING THE ACREAGE FROM 320' ASSIGNED TO 160' ACRES ASSIGNED.

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

SIGNED *John E. Schalk* TITLE AGENT DATE 10-31-74

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**All distances must be from the outer boundaries of the Section**

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty),
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non standard unit, eliminating such interests, has been approved by the Commission.

Date Surveyed \_\_\_\_\_  
Registered Professional Engineer  
and/or Land Surveyor  
**JAMES P. LEESE**  
Certificate No. \_\_\_\_\_

