

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

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.

1

10. FIELD AND POOL, OR WILDCAT

BASIN DAKOTA

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

SEC. 26, T32N, R8W

12. COUNTY OR PARISH

SAN JUAN

13. STATE

N. MEX.

1.

OIL ☐ GAS ☒  
WELL WELL OTHER

2. NAME OF OPERATOR

JOHN E. SCHALK

3. ADDRESS OF OPERATOR

P. O. BOX 2078, FARMINGTON, NEW MEXICO 87401

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

At surface

960' FROM THE NORTH LINE, 800' FROM THE EAST LINE

14. PERMIT NO.

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

6781' 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) Change name of operator ☒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 perti-  
nent to this work.)\*

NO. 2 CHANGE DESIGNATION OF OPERATOR

FROM: JOHN E. SCHALK  
P. O. BOX 2078  
FARMINGTON, NEW MEXICO 87401TO: COASTLINE PETROLEUM COMPANY, INC.  
C/O JOHN E. SCHALK  
P. O. Box 2078  
FARMINGTON, NEW MEXICO 87401

NO. 8 CHANGE LEASE NAME

FROM: LONE STAR INDUSTRIES-SCHALK-94 WELL NO. 1

TO: SCHALK 94 WELL NO. 1

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

SIGNED

TITLE

DATE October 2, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side