

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- 6894

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SCHALK - 94

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

BLANCO MESA VERDE

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 WELL ☐ GAS 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

1100' FROM THE SOUTH LINE, 960' FROM THE WEST LINE

14. PERMIT NO.

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

6888.0' 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 x

(NOTE: Report results of multiple completion or Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

NO. 2 CHANGE DESIGNATION OF OPERATOR

FROM: JOHN E. SCHALK
P. O. BOX 2078
FARMINGTON, NEW MEXICO 87401

TO: 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. 2

TO: SCHALK 94 WELL NO. 2

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

SIGNED

TITLE

DATE October 2, 1971

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: