

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(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.

3

10. FIELD AND POOL, OR WILDCAT

PICTURED CLIFFS

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

1188' FROM THE SOUTH LINE, 1107' FROM THE WEST LINE

14. PERMIT NO.

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

6877.0 GP

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 ☒(NOTE: Report results of multiple completion on 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 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. 3

TO: SCHALK 94 WELL NO. 3

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

SIGNED

TITLE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE October 2, 1974

DATE