

**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  
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7. UNIT AGREEMENT NAME  
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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 | N.M.**

**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 COMPANY, INC.**

3. ADDRESS OF OPERATOR  
**C/O JOHN E. SCHALK, P.O. BOX 26687, ALBUQ., NM 87125**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
**At surface**  
  
**1850' FROM THE NORTH LINE, 1230' FROM THE WEST LINE**

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**

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
<b>TEST WATER SHUT-OFF</b> <input type="checkbox"/>	<b>PULL OR ALTER CASING</b> <input type="checkbox"/>	<b>WATER SHUT-OFF</b> <input type="checkbox"/>	<b>REPAIRING WELL</b> <input type="checkbox"/>
<b>FRACTURE TREAT</b> <input type="checkbox"/>	<b>MULTIPLE COMPLETE</b> <input type="checkbox"/>	<b>FRACTURE TREATMENT</b> <input type="checkbox"/>	<b>ALTERING CASING</b> <input type="checkbox"/>
<b>SHOOT OR ACIDIZE</b> <input type="checkbox"/>	<b>ABANDON*</b> <input type="checkbox"/>	<b>SHOOTING OR ACIDIZING</b> <input type="checkbox"/>	<b>ABANDONMENT*</b> <input type="checkbox"/>
<b>REPAIR WELL</b> <input type="checkbox"/>	<b>CHANGE PLANS</b> <input type="checkbox"/>	<b>(Other) STATUS</b> <input checked="" type="checkbox"/>	

(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.)\*

**AUGUST 21, 1975 -**

**PERFORATIONS:**

**8774' TO 8784' 2 HOLES/FT.**  
**8724' TO 8744' 1 HOLE/FT.**

**TESTED GAS AND WATER**

**ESTIMATED TOPS**

**OJO ALAMO 3285'**  
**PICTURED CLIFFS 4048'**  
**MESA VERDE**  
**TRANSITION 5160'**  
**GREEN HORN 8485'**  
**DAKOTA 8675'**



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

SIGNED *John E. Schalk* TITLE AGENT DATE AUGUST 21, 1975

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: