

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 13376

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SCHALK 76

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

BASIN DAKOTA

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

SEC. 25, T30N, R4W

12. COUNTY OR PARISH

RIO ARRIBA N. MEX.

1.

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

LONE STAR INDUSTRIES, INC., C/O JOHN E. SCHALK

3. ADDRESS OF OPERATOR

P. O. BOX 2078, FARMINGTON, NEW MEXICO

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

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 OPERATOR NAME

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

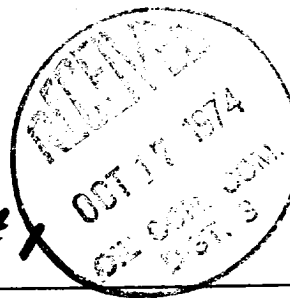
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

NO. 2 - CHANGE DESIGNATION OF OPERATOR:

FROM: LONE STAR INDUSTRIES, INC.
C/O 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

*Also Lease Name Change
from Lone Star Industries -
Schalk 76#*



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

SIGNED

John E. Schalk

TITLE

DATE 10/2/74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: