

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
NM-4452

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

1. OIL WELL  GAS WELL  OTHER

8. FARM OR LEASE NAME

2. NAME OF OPERATOR  
LONE STAR INDUSTRIES, INC., c/o JOHN E. SCHALK

Schalk 52

3. ADDRESS OF OPERATOR  
P. O. BOX 2078, FARMINGTON, N. M. 87401

9. WELL NO.

2

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

10. FIELD AND POOL, OR WILDCAT

PICTURED CLIFFS

2470' FROM THE NORTH LINE, 695' FROM THE EAST LINE

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA

SEC. 24, T29N, R5W

14. PERMIT NO.

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

6532' GR

12. COUNTY OR PARISH

13. STATE

RIO ARRIBA

NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>	CHANGE OPERATOR NAME	<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.)\*

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



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: