

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-21424.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 4452
2. NAME OF OPERATOR LONE STAR INDUSTRIES, INC.		6. IF INDIAN, ALLOTTEE OR TRIBAL NAME
3. ADDRESS OF OPERATOR %JOHN E. SCHALK, P. O. BOX 2078, FARMINGTON, N.M.		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FROM THE SOUTH LINE, 790' FROM THE WEST LINE		8. FARM OR LEASE NAME SCHALK 52
14. PERMIT NO.		9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6525' GR		10. FIELD AND POOL, OR WILDCAT BLANCO MESA VERDE
		11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA SEC. 24, T-29N, R-5W
		12. COUNTY OR PARISH RIO ARRIBA
		13. STATE NEW MEXICO

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	WELL HISTORY <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

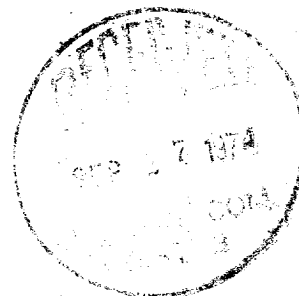
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

SCHALK 52 WELL NO. 5

SPUDDED ON 2-27-74

PERFORATIONS

5562' TO 5572'	5686' TO 5674'
5632' TO 5644'	5670' TO 5664'
5664' TO 5670'	5644' TO 5632'
5674' TO 5686'	5572' TO 5562'
5692' TO 5706'	5432' TO 5418'
5706' TO 5692'	5382' TO 5354'



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

SIGNER John E. Schalk TITLE AGENT DATE 9-24-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____