Ferm 9-331 (May 1963)	DEPART	UNITED STAT	INTER	SUBMIT IN TRIPLICA (Other instructions on verse side)	Form approved.  Budget Burgau No. 42-R14:  5. LEASE DESIGNATION AND SERIAL NO.
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.)					NM - 4452 6. IF INDIAN, ALLOTTEE OR TRIBE NAM
OIL GAS WELL WELL 2. NAME OF OPERATOR	OTHER				7. UNIT AGREEMENT NAME
LONE STAR INDUSTRIES, INC., C/O JOHN E. SCHALK  8. ADDRESS OF OPERATOR					8. FARM OR LEASE NAME SCHALK 52
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.)					9. WELL NO.  5 10. FIELD AND POOL, OR WILDCAT
At surface		I LINE, 790	' FROM	THE WEST LINE	BLANCO MESA VERDE  11. SEC., T., R., M., OR BLE. AND SUBVEY OR AREA
14. PERMIT NO.				•	SEC. 24, T29N, R5W
14. PERMIT NO.		15. ELEVATIONS (Show		RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
16.	<u>·</u>			<del></del>	RIO ARRIBA   N. MEX.
			ndicate N	ature of Notice, Report, o	or Other Data
No	TICE OF INTENT	ION TO:		SUB	SEQUENT REPORT OF:
TEST WATER SHUT-OFF	' PI	TLL OR ALTER CASING		WATER SHUT-OFF	E REPAIRING WELL
FRACTURE TREAT	м	ULTIPLE COMPLETE		PRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE  REPAIR WELL	<del></del>	BANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)		HANGE PLANS	<b>-</b>	(NOTE: Report res	OPERATOR NAME XX sults of multiple completion on Well ompletion Report and Log form.)
NO. 2 - CHAFROM:	LONE S' C/O JONE P. O. I FARMING COASTLE C/O JONE	The Hearth are the time of the transfer of tra			
	P. O. H	BOX 2078 STON, NEW M		87401	The strict of the sub-elither per sole to perfect the sub-elither to appropriate the sub-elither are soles to perfect the sub-elither to appropriate the sub-elither are sub-elither to sub-elither to sub-elither are sub-elither to sub-elither to sub-elither are sub-elither to
18. I hereby certify that the	10 golne)ts t		TLE		DATE 10/2/74
. 🔾	or State office	use)			
APPROVED BYCONDITIONS OF APPR	ROVAL, IF ANY		rle		DATE TO THE STATE OF THE STATE
		*See In:	structions (	on Reverse Side	Condition of the condit