

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

**SUBMIT IN TRIPlicate**  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 43-R1494.

**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  
LONE STAR INDUSTRIES, INC.

3. ADDRESS OF OPERATOR  
%JOHN E. SCHALK, P. O. BOX 2078, FARMINGTON, N. M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
2456' FROM THE NORTH LINE, 795' FROM THE EAST LINE,  
SECTION 24, TOWNSHIP 29 NORTH, RANGE 5 WEST

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6531' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM 4452

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 52

9. WELL NO.  
6

10. FIELD AND POOL, OR WILDCAT  
BLANCO MESA VERDE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 24, T-29N, R-5W

12. COUNTY OR PARISH  
RIO ARRIBA

13. STATE  
N. MEX.

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) <u>WELL HISTORY</u> <input checked="" type="checkbox"/>	
(Other) _____		(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. 6      SPUDDED AT 8:45 PM ON 6-14-74  
6-29-74      TD - 5831'

RAN 180 JOINTS OF 10.5# KS, 8 RD 4-1/2" CASING TOTALING 5846' SET AT 5830'. D. V. TOOL SET AT 3620'. FLOAT COLLAR SET AT 5796'. CEMENTED FIRST STAGE WITH 428 SACKS 50/50 POSMIX WITH 12-1/2# GILSONITE AND 2% GEL PER SACK. PLUG DOWN AT 9:15 PM. CEMENTED SECOND STAGE WITH 302 SACKS HALLIBURTON LIGHTWEIGHT. PLUG DOWN AT 10:15 PM ON 6-29-74. CEMENT CIRCULATED. PERFORATE.

FIRST STAGE - 5566'-5570'      FIVE HOLES      5662'-5694'      ONE SHOT PER FOOT  
SECOND STAGE - 5358'-5378', 5404'-5414', 5428'-5456', 5465'-5474'      ONE SHOT PER FOOT

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

SIGNED John E. Schalk TITLE AGENT DATE 7-17-74

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side