## UNITED STATES SUBMIT IN TRIPLICATE OF THE INTERIOR (Other instructions on reverse side)

Form approved,
Bidget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS  (IDe not use this form for proposally office of the degree of plants and officered reservoir.  (I)  OIL OFFI OFFI OF THE CONTROL OF PROPOSAL OF THE PROPO		GEOLOGICAL SURVEY		NM-4/455	
OIL WELL OWELL OWE	SUNDA (Do not use this form	RY NOTICES AND REPORTS in for proposals to drill or to deepen or plug	ON WELLS back to a different reservoir.	6. IF INDIAN, ALLOTTER	C OR TRIBE NAME
Lone Star Industries, Inc. c/o John E. Schalk  Lone Star Industries, Inc. c/o John E. Schalk  Schalk - 55  Accesses or overance  P. O. Box 2078; Farmington New Mexico 87401  Location and Path. Report location clearly and in accordance with any State requirements.  At success of the Line of the State Industries of the State Industries of Industries on Accordance of Industries of Industries on Accordance on Accordance on Accordance of Industries on Accordance on Accordance on Accordance on Accordance of Industries on Accordance on	1. OIL GAS .			7. UNIT AGREEMENT NAME	
Lone Star Industries, Inc. c/o John E. Schalk  8. Addition of Principles  9. O. Box 2078, Farmington, New Mexico 87401  10. Fillo AND FOOL, OR WILHINGTON  11. Security Service Security and in accordance with any State requirements.  12. Security Service Security Security and in accordance with any State requirements.  13. Security Service Security Security and in accordance with any State requirements.  14. FREMIT NO.  15. ELEMATRON (Show whether SP, FF, GR, vic.)  16. Check Appropriate Box To Indicate Notice of Notice, Report, or Other Data Science of Little Security Secu				8. FARM OR LEASE NAME	
P. O. BOX 2078; Farmington, New Mexico 87401  Do X 2078; Farmington, New Mexico 87401  Lorinto And Poole, on Williams Programments of the Control of Contr	<del></del>			Schalk - 55	
** Locations of will, Report location clearly and in accordance with any State requirements.*  1130 From the North Line, 1180' from the East Line  Section 3, Township 30 North, Range 5 West  Sec. 3, T-30N, R-  14. FERNIF NO.  15. RELYATIONS (Show whether Dr. NT. Os. vic.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTERTION TO:  TEST WATER SECOPT PRACTICE TREATS  HOLLING COUNTETE ARRANDOM SECOPTIFE  ARRANDOM COUNTER TREATS  (Other) Change One actoring ARRANDOM COUNTER TREATS  (Other) Change One actoring ARRANDOM Counter Treats with a subject completion on well Completion of Notice of Actoring Counter Treats with a subject completion of Notice of Actoring Counter Treats with Counter Treats with a subject completion of Notice of No		<u> </u>			
** Locations of will, Report location clearly and in accordance with any State requirements.*  1130 From the North Line, 1180' from the East Line  Section 3, Township 30 North, Range 5 West  Sec. 3, T-30N, R-  14. FERNIF NO.  15. RELYATIONS (Show whether Dr. NT. Os. vic.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTERTION TO:  TEST WATER SECOPT PRACTICE TREATS  HOLLING COUNTETE ARRANDOM SECOPTIFE  ARRANDOM COUNTER TREATS  (Other) Change One actoring ARRANDOM COUNTER TREATS  (Other) Change One actoring ARRANDOM Counter Treats with a subject completion on well Completion of Notice of Actoring Counter Treats with a subject completion of Notice of Actoring Counter Treats with Counter Treats with a subject completion of Notice of No	P. O. Box 20	78. Farmington, New Me	xico 87401	1	·
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Section 3, Township 30 North, Range 5 West  Section 3, Township 30 North Range 5 West  Section 3, Township 4 Price 4 Section Range 5 West  Section 3, Township 4 Price 4 Section Range 5 West  Section 3, Township 4 Price 4 Section Range 5 West  Section 3, Township 4 Price 4 Section Range 5 West  Section 3, Township 4 Price 4 Section Range 5 West  Section 3, Township 4 Price 4 Section Range 5 West  Section 3, Township 4 Price 4 Section Range 5 West 8 Sect					
18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  **NOTICE OF INTERTION TO:  **TEST WATER SHUT-OFF**  **PEACURE TREAT**  **SHOOT OF ACTIVE TREAT**  **ALTER TREAT**  **SHOOT OF ACTIVE TREAT**  **ALTER TREAT**  **SHOOT OF ACTIVE TREAT**  **ALTER TREAT**  **SHOOT OF ACTIVE TREAT**  **SHOOT OF ACTIVE TREAT**  **ALTER TREAT**  **SHOOT OF ACTIVE TREAT**  **SHOOT OF ACTIVE TREAT**  **SHOOT OF ACTIVE TREAT**  **ALTER TREAT**  **AL				SURVEY OR AREA	
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THE Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  ***NOTICE OF INTENTION TO:  ***TEST WATER SHUT-OFF**  **PEACURE THEAT MULTIPLE CONFLETE**  **ARTHOURS ALTERICA CASINO   MANAGONNERT**  **CHANGE FLANS (Other)   Change Operator Mame	14. PERMIT NO.		DF, RT, GR, etc.)	i .	1
TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE ARANDON* MULTIPLE COMPLETE ARANDON* CHANGE FLANS (Other) Change Operator. Mame XX (Other) Completion or Recompletion Boyer and Log form.) Describe reduced work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent to this work.)*  No. 2 Change Designation of Operator:  From: Lone Star Industries, Inc. c/o John E. Schalk P. 0. Box 2078 Farmington, New Mexico 87401  To: Coastline Petroleum Company, Inc. c/o John E. Schalk P. 0. Box 2078 Farmington, New Mexico 87401  18. 1 bereks certify that the forestate after and cohece SIGNOD  TILLE DATE  DATE  DATE  DATE  DATE  DATE  DATE  DATE		6486 ' GR		Rio Arriba	l New Mex.
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACTORE  REPAIR WELL  ARABDON*  CHANGE FLANS  COUNTY: Report results of multiple completing on Kenness of County State all pertinent details, and give pertinent dates, including estimated date of starting at ment to this work.)  10. December of the start 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 berefy cetting that the Government of the county of the cou	16.	Check Appropriate Box To Indicate	•		
PRACTIBE TREAT SHOOT OR ACTORIZE BROAT MELLIFIER COMPLETE BROOT OR ACTORIZE BROAT MELLIFIER COMPLETE BROOT OR ACTORIZE BROAT WELL  (Other)  17. DESCRIBE PROTOSES OR COMPLETE DOFFRATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting at proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones per nent to this work.)*  No. 2 Change Designation of Operator:  From: Lone Star Industries, Inc. c/o John E. Schalk P. 0. Box 2078 Farmington, New Mexico 87401  To: Coastline Petroleum Company, Inc. c/o John E. Schalk P. 0. Box 2078 Farmington, New Mexico 87401  18. I berefor certify that the Correlating in true and correct states and some per nent to this work.  18. I berefor certify that the Correlating in true and correct states and some per nent to this work of the correlation of the correct states and some per nent to this work.  18. I berefor certify that the Correlating in true and correct states are not considered and true vertical depths for all markers and zones per nent to this work.  18. I berefor certify that the Correlating in true and correct states are not correct to the correct states and correct states are not correct states are not correct states are not correct states and correct states are not correct states a	NOT	ICE OF INTENTION TO:	SUBSEQ	UENT REPORT OF:	
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BEFORM WELL  (Other)  CHANGE FLANS  (Other)  CHANGE Operator Name  (Nors: Report results of multiple cupleting with the completion of the completion of completion of the comp	-	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING C	ASING
(Other)  (Ot	SHOOT OR ACIDIZE	ABANDON*		<del></del> ·	
(Other)  Completion of Recompletion Formations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting are proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones 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 berely cetuly that the Corealing Arme and colect  SIGNED  TITLE  DATE 10/2/74  APPROVED BY  TITLE  DATE	BEPAIR WELL	CHANGE PLANS	(Norr · Report result	s of multiple completion	on Well
Proposed work. If well is directionally drined give substitute the state of the work.)  No. 2 Change Designation of Operator:  From: Lone Star Industries, Inc. c/o John E. Schalk P. 0. Box 2078 Farmington, New Mexico 87401  To: Coastline Petroleum Company, Inc. c/o John E. Schalk P. 0. Box 2078 Farmington, New Mexico 87401  18. I here, octus, that the Gordang I true and codes  BIGNED  TITLE  DATE  DATE  DATE	(Other)		Completion or Recomp	pletion Report and Log to	rm.)
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(This space for Federal or State office use)  APPROVED BY  TITLE  DATE	18. I hereby celtify that the	Farmington, New Mexic	eo 87401		
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APPROVED B1	(Line Space Roll Tedeta			T. 4 (1117)	•
CONDITIONS OF APPROVAL IF ANY:	APPROVED BYCONDITIONS OF APP			DATE	