

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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-4449
2. NAME OF OPERATOR LONE STAR INDUSTRIES, INC., C/O JOHN E. SCHALK		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. BOX 2078, FARMINGTON, NEW MEXICO 87401		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 1007' FROM THE NORTH LINE, 1220' FROM THE WEST LINE SECTION 23, TOWNSHIP 30 NORTH, RANGE 4 WEST		8. FARM OR LEASE NAME SCHALK - 49
14. PERMIT NO.		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7111.0 GR		10. FIELD AND POOL, OR WILDCAT BLANCO PICTURED CLIFFS-EAST 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 23, T30N, R4W
		12. COUNTY OR PARISH RIO ARRIBA
		13. STATE NEW MEXI

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) 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

TITLE

DATE October 2, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: