

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 45-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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 4455																				
2. NAME OF OPERATOR LONE STAR INDUSTRIES, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE 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 980' FROM THE NORTH LINE, 1180' FROM THE EAST LINE		8. FARM OR LEASE NAME SCHALK 55																				
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 6486' GR	9. WELL NO. 2																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT BLANCO MESA VERDE																				
<p>NOTICE OF INTENTION TO:</p> <table border="0"> <tr> <td>TEST WATER SHUT-OFF</td> <td><input type="checkbox"/></td> <td>PULL OR ALTER CASING</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT</td> <td><input type="checkbox"/></td> <td>MULTIPLE COMPLETE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE</td> <td><input type="checkbox"/></td> <td>ABANDON*</td> <td><input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL</td> <td><input type="checkbox"/></td> <td>CHANGE PLANS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(Other)</td> <td></td> <td></td> <td></td> </tr> </table>		TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other)				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 3, T-30N, R-5W
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>																			
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(Other)																						
		12. COUNTY OR PARISH RIO ARRIBA																				
		13. STATE NEW MEXICO																				

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 55 WELL NO. 2

SPUDED ON 8-7-74

ONE SHOT PER FOOT:

PERFORATIONS: 46 HOLES:

5510' TO 5516'

5570' TO 5576'

5598' TO 5608'

5639' TO 5645'

5651' TO 5658'

5684' TO 5694'

5740' TO 5786'

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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

SIGNED 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: