Form 9-331 (May 1963)

UNITED STATES SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Burghu No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)			6. IF INDIAN, ALLOTTED ON THE PARTY
Use AFFILICATION 1000 2 2 2 2 7			7. UNIT AGREEMENT NAME
OIL GAS WELL XX OTHER			8. FARM OR LEASE NAME
2. NAME OF OPERATOR			Schalk 55
LONE STAR INDUSTRIES, INC. C/O JOHN E. SCHALK 8. ADDRESS OF OPERATOR			9. WELL NO.
P. O. Box 2078, Farmington, New Mexico 87401 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			10. FIELD AND POOL, OR WILDCAT
			Blanco Mesa Verde 11. SEC., T., R., W., OR HLK. AND SURVEY OR AREA
			Sec. 3, T-30N,R-5W
14. PERMIT NO.	15. ELEVATIONS (Show whether I	F, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
14. PERMIT NO.	6486 GR		Rio Arriba New Mex.
16.	Check Appropriate Box To Indicate	SUBSEQ	Other Data UENT REPORT OF: REFAIRING WELL
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATMENT	ALTERING CASING
FRACTURE TREAT	MULTIPLE COMPLETE ABANDON*	SHOOTING OR ACIDIZING	· · · - ARANDONMENT*
SHOOT OR ACIDIZE REPAIR WELL	CHANGE PLANS	70	operator name X s of multiple completion on Well
(Other)	OMPLETED OPERATIONS (Clearly state all pertinuell is directionally drilled, give subsurface lo	Completion or Recom	in the line action and data of starting ADV
NO. 2 - CHANFROM:	Lone Star Industries, c/o John E. Schalk Farmington, New Mexic Coastline Petroleum C c/o John E. Schalk P. O. Box 2078	Inc. o 87401 ompany, Inc.	p.22.01 The property of the p
The state of the s	the foregoing is true and correct	o araul	Interpreted to the transfer of
(This space for Fede	ral or State office use)		
APPROVED BY	TITLE .		DATE
CONDITIONS OF A	PPROVAL, IF ANY:		