

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse 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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM- 4462	
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 1190' FROM THE SOUTH LINE, 890' FROM THE EAST LINE, SECTION 33, TOWNSHIP 32 NORTH, RANGE 5 WEST		8. FARM OR LEASE NAME SCHALK - 62	
14. PERMIT NO.		9. WELL NO. #4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6301' GR		10. FIELD AND POOL, OR WILDCAT BASIN DAKOTA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 33, T-32N, R-5W	
		12. COUNTY OR PARISH RIO ARriba	13. STATE NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) CHANGE FARM OR LEASE NAME	X
(Other)		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE IN BRIEF 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.)

#4 CHANGE FARM OR LEASE NAME:

FROM: LONE STAR INDUSTRIES - SCHALK - 62
TO: SCHALK - 62 #4

Also: Operator Change from John E. Schalk



WELL NAME SHOULD BE: SCHALK 62 WELL NO. 1

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

SIGNED _____ TITLE AGENT DATE 11-30-73

(This space for Federal or State (free use))

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SK

