

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-B1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-4462

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR LONE STAR INDUSTRIES, INC. (C/O JOHN E. SCHALK)		8. FARM OR LEASE NAME SCHALK - 62	
3. ADDRESS OF OPERATOR P.O. BOX 2078 FARMINGTON, NEW MEXICO 87401		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1760' FROM NORTH LINE, 1190' FROM THE WEST LINE, SECTION 33, TOWNSHIP 32 NORTH, RANGE 5 WEST		10. FIELD AND POOL, OR WILDCAT BASIN DAKOTA	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 33, T-32N, R-5W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6796' GR		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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

CHANGE FARM OR LEASE NAME

(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.)*

#2 CHANGE FARM OR LEASE NAME:

FROM: LONE STAR INDUSTRIES - SCHALK - 62

TO: SCHALK - 62

*Also Operator Change
From John E. Schalk*

WELL NAME SHOULD BE: SCHALK 62 WELL NO. 2

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

SIGNED

TITLE

AGENT

DATE 11-30-73

(This space for Federal or State office use)

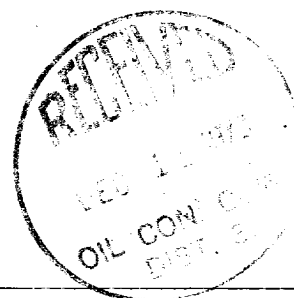
APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



DEC 11 1973

