Form 9-331 May 1963)	UNITED STATES	SUBMIT IN TRIPLICATES	Form approved. Budget Bureau Nd. 42—R1424.
	DEPARTMENT OF THE INTE	RIOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
,,	GEOLOGICAL SURVEY	بينان والمحصول	NM - 4462
CI	JNDRY NOTICES AND REPORTS	ONL WELL C	6. IF INDIAN, ALLOTTEB OR TRIBE NAME
	this form for proposals to drill or to deepen or plu Use "APPLICATION FOR PERMIT—" for such		
1) OIL CI GAS		8-3	7. UNIT AGREEMENT NAME
WELL GAS OTHER			
2.' NAME OF OPERATOR			8. FARM OR LEASE NAME
LONE STAR INDUSTRIES, INC.			SCHALK 62
3. ADDRESS OF OPERA	TOR		9. WELL NO.
%JOHN E. SCHALK, P. O. BOX 2078, FARMINGTON, N. M.			3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. PIELD AND POOL, OR WILDCAT
			BLANCO MESA VERDE
1170' FROM THE SOUTH LINE, 790' FROM THE EAST LINE			11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
SECTION 33, TOWNSHIP 32 NORTH, RANGE 5 WEST			SEC. 33, T-32N, R-5W
14. PERMIT NO.			12. COUNTY OR PARISH 13. STATE
	6301.0	GR	RIO ARRIBA NEW MEXIC
16.	Check Appropriate Box To Indicate	radiole of radice, Report, of O	
16.	Check Appropriate Box To Indicate		ENT REPORT OF:
TEST WATER SHU	NOTICE OF INTENTION TO:		ENT REPORT OF:
	NOTICE OF INTENTION TO:	SUBSEQUE	
TEST WATER SHU	NOTICE OF INTENTION TO: T-OFF PULL OR ALTER CASING MULTIPLE COMPLETE	SUBSEQUI	ENT REPORT OF:
TEST WATER SHU	NOTICE OF INTENTION TO: T-OFF PULL OR ALTER CASING MULTIPLE COMPLETE	SUBSEQUI WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING
FRACTUBE TREAT SHOOT OR ACIDIZE	T-OFF PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON®	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) WELL (NOTE: Report results	REPAIRING WELL ALTERING CASING ABANDONMENT®

SPUDDED WELL ON 9-01-74 AT 12:00 MIDNIGHT ON THE SCHALK 62 WELL NO. 3

9-101-74 TOTAL DEPTH 307'

RAN 8 JOINTS OF 8-5/8" CASING, TOTALING 334.90' SET AT 306 R.K.B. CEMENTED WITH 200 SACKS OF CLASS "C" WITH 2% CALCIUM CHLORIDE PER SACK. CEMENT CIRCULATED. PLUG DOWN AT 10:00 AM ON 9-01-74.

8. I hereby certify that the following to true and con-	Pect	
SIGNED THE ENGLISH	TITLE AGENT	DATE 9-19-74
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

SK