

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-21424.
5. LEASE DESIGNATION AND SERIAL NO.

NM - 4452

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

LONE STAR INDUSTRIES, INC.

3. ADDRESS OF OPERATOR

%JOHN E. SCHALK, P. O. BOX 2078, FARMINGTON, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

790' FROM THE SOUTH LINE, 790' FROM THE WEST LINE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SCHALK 52

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

BLANCO MESA VERDE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 24, T-29N, R-5W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6525' GR

12. COUNTY OR PARISH

13. STATE

RIO ARRIBA 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) WELL STATUS

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

WELL STATUS AS OF JUNE 8, 1974:

THIS WELL IS NOT READY FOR PRODUCTION AS OF THIS DATE AND THIS WELL HAS NOT BEEN TESTED; THEREFORE, WE HAVE NOT FILED A "WELL COMPLETION OR RECOMPLETION REPORT AND LOG" WITH YOUR OFFICE.

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

SIGNED

TITLE

AGENT

DATE

6-17-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

[illegible]