

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM - 4449

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SCHALK - 49

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
BLANCO PICTURED CLIFFS-
EAST

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

SEC 23, T-30N, R-4W

12. COUNTY OR PARISH

RIO ARriba

13. STATE

NEW MEXICO

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

LONE STAR INDUSTRIES, INC. (C/O JOHN E. SCHALK)

3. ADDRESS OF OPERATOR

P.O. BOX 2078, FARMINGTON, NEW MEXICO 87401

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

1150' FROM THE WEST LINE, 790' FROM THE SOUTH LINE,
SECTION 23, TOWNSHIP 30 NORTH, RANGE 4 WEST

14. PERMIT NO.

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

7482 GR

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.) *

#1 CHANGE FARM OR LEASE NAME:

FROM: LONE STAR INDUSTRIES- SCHALK - 49

TO: SCHALK - 49

*Also Operator Change
From John E. Schalk*

WELL NAME SHOULD BE: SCHALK 49 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 office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

