

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM - 4454																									
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____																									
2. NAME OF OPERATOR LONE STAR INDUSTRIES, INC.		7. UNIT AGREEMENT NAME _____																									
3. ADDRESS OF OPERATOR %JOHN E. SCHALK, P. O. BOX 2078, FARMINGTON, N.M.		8. FARM OR LEASE NAME SCHALK 54																									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650' FROM THE SOUTH LINE, 790' FROM THE EAST LINE At top prod. interval reported below SAME At total depth SAME		9. WELL NO. 2																									
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT BLANCO MESA VERDE																									
15. DATE SPUDDED 7-9-74		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 2, T-30N, R-5W																									
16. DATE T.D. REACHED 7-24-74		12. COUNTY OR PARISH RIO ARriba NEW MEXICO																									
17. DATE COMPL. (Ready to prod.) 8-7-74		13. STATE NEW MEXICO																									
18. ELEVATIONS (OF RKB, RT, GR, ETC.)* 6569' GR		19. ELEV. CASINGHEAD 6569' GR																									
20. TOTAL DEPTH, MD & TVD 5957'		21. PLUG BACK T.D., MD & TVD _____																									
22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS																									
24. PRODUCING INTERVAL(S), OF THIS COMPLETION— TOP, BOTTOM, NAME (MD AND TVD)* MESA VERDE - 5812' TO 5856' 5636' TO 5709'		25. WAS DIRECTIONAL SURVEY MADE NO																									
26. TYPE ELECTRIC AND OTHER LOGS RUN IES FDG GNL GR		27. WAS WELL CORED NO																									
28. CASING RECORD (Report all strings set in well)																											
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33. PRODUCTION																											
DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WAITING ON PIPELINE																											
WELL STATUS (Producing or shut-in) SHUT-IN																											
DATE OF TEST _____ HOURS TESTED _____ CHOKER SIZE _____ PROD'N FOR TEST PERIOD _____ OIL—BBL. _____ GAS—MCF _____ WATER—BBL. _____ GAS-OIL RATIO _____																											
FLOW TUBING PRESS. _____ CASING PRESSURE _____ CALCULATED 24-HOUR RATE _____ OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ OIL GRAVITY-API (CORR.) _____																											
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) 3459 AOF																											
TEST WITNESSED BY JOE ROBERSON																											
35. LIST OF ATTACHMENTS VENTED																											
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																											
SIGNATURE _____ TITLE AGENT DATE 9-27-74																											

*(See Instructions and Spaces for Additional Data on Reverse Side)