

Form 9-551
May 1963

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-B1424

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 | 5. LEASE DESIGNATION AND SERIAL NO. NM - 4457 |
| 2. NAME OF OPERATOR LONE STAR INDUSTRIES, INC. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME ----- |
| 3. ADDRESS OF OPERATOR %JOHN E. SCHALK, P. O. BOX 2078, FARMINGTON, N. M. | 7. UNIT AGREEMENT NAME ----- |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. At surface 935' FROM THE NORTH LINE, 985' FROM THE EAST LINE | 8. FARM OR LEASE NAME SCHALK 57 |
| 14. PERMIT NO. | 9. WELL NO. 2 |
| 15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6675' GR | 10. FIELD AND POOL, OR WILDCAT BLANCO MESA VERDE |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 12, T-30N, R-5W |
| | 12. COUNTY OR PARISH RIO ARRIBA |
| | 13. STATE NEW MEXICO |

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |

(Other) ☒ WELL HISTORY

(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.) *

SCHALK 57 WELL NO. 2

SPUDDED AT 9:30 PM ON 10-01-74

TOTAL DEPTH 308' - 10-02-74

RAN 8 JOINTS OF 8-5/8" CASING TOTALING 335.41' SET AT 306' KB. CEMENTED WITH 200 SACKS OF CLASS "B" WITH 2% CALCIUM CHLORIDE PER SACK. PLUG DOWN AT 7:45 AM ON 10-02-74. CEMENT CIRCULATED.

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

SIGNED

TITLE

AGENT

DATE

10-10-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

SK