

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1494.

5. LEASE DESIGNATION AND SERIAL NO.

NM - 4463

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. (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

1190' FROM THE WEST LINE, 1055' FROM THE SOUTH LINE,  
SECTION 34, TOWNSHIP 32 NORTH, RANGE 5 WEST

14. PERMIT NO.

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

6228.0 GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SCHALK - 63

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

BASIN DAKOTA

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

SEC 34, T-32N, R-5W

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

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) CHANGE FARM OR LEASE NAME

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DEPT. PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any  
work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-  
nent to this work.) \*

# CHANGE FARM OR LEASE NAME:

FROM: LONE STAR INDUSTRIES - SCHALK-63

TO: SCHALK-63 #1

*Also Operator change  
From John E. Schalk*

WELL NAME SHOULD BE: SCHALK 63 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

