

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.
NM-0122353

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Caldwell Federal9. WELL NO.
1 (M-13)10. FIELD AND POOL, OR WILDCAT
Wildcat11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 13, T. 21 N., R. 5 W.

14. PERMIT NO.

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

7136' Gr.

12. COUNTY OR PARISH
Sandoval13. STATE
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

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)*

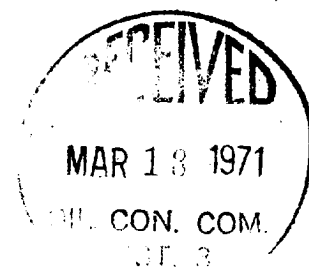
Change in proposed casing program:

17-1/2" hole, 13-3/8", 54.5#, K-55 casing at 300' cemented to surface.
12-1/4" hole, 9-5/8", 43.5#, K-55 casing at 6000' cemented with 300 sacks.
7-7/8" hole, 5-1/2", 17#, N-80 casing at T.D. cemented with 300 sacks.

In the event the well proves productive, the 9-5/8" casing will be perforated and cemented below Ojo Alamo before running 5-1/2" casing.

NOTE: CHANGE IN LEASE NAME

RECEIVED

U. S. GEOLOGICAL SURVEY
DENVER, CO.

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

SIGNED A. T. Mannon, Jr.TITLE District Drilling Supt.DATE 3-11-71

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side