

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 Federal

9. WELL NO.

1 (M-13)

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

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

14. PERMIT NO.

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

7136' GR

12. COUNTY OR PARISH

Sandoval

13. 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

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Supplementary 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.)\*

Drilled to 11,312'.

DST #2: 11,145-11,270' (Barker Creek). Open w/very faint blow 10 min. S.I. 60 min. Open 90 min. w/no blow. Faint blow starting in 4 min. Sudden increase to 6" blow in 45 min and continued rest of test. S.I. 180 min. Recovered 9.5 bbls water cushion, 6.1 bbls very slightly oil cut mud. No gas odor noted. IHP 5260 psi, IFP 456 psi, ISIP 3466 psi building, FFP 543 psi, FSIP 2052 psi/15 min and suddenly increasing to FHP 5217 psi. Packer failed. BHT 210° F.

Drilling. Incomplete.



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

SIGNED A. T. Mannon, Jr.TITLE District Drilling Supt.DATE 5-4-71

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side