UNITED STATES

i.	LEASE		<i>:</i>	5	
_	NM-0338	1		1	
j.	IF INDIAN, ALLO	TTEE	OR TRII	BE NAM	E
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,	UNIT AGREEME	NTN	ΔME		

DEPARTMENT OF THE INTERIOR	NM-03381 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
GEOLOGICAL SURVEY			
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 Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME		
reservoir. Use Form 9–331–C for such proposals.)	of the off the off		
1. oil gas X other	Breech B		
well — well Other	9. WELL NO.		
2. NAME OF OPERATOR	220		
Caulkins Oil Company	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR	South Blanco Pictured Cliffs		
P.O. Box 780, Farmington, New Mexico	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Section 14, 26N 7W		
below.) AT SURFACE: 990' F/N and 990' F/E			
AT TOR DROD INTERVAL.	12. COUNTY OR PARISH 13. STATE		
AT TOTAL DEPTH:	Rio Arriba New Mexico		
Same	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,			
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6537 DF		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			
SHOOT OF ACIDIZE	CEIVED		
REPAIR WELL	(NOTE: Report results of multiple completion or zone		
PULL OR ALTER CASING \(\begin{array}{cccccccccccccccccccccccccccccccccccc	(NOTE: Report results of multiple completion or zone R 1 0 Change on Form 9–330.)		
mother compete			
CHANGE ZONES	OLOGICAL SURVEY		
	MINGTON, N. M.		
(other) FARM			
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined	firectionally drilled, give subsurface locations and		
4-2-80	W. CELVEN		
Spotted cement Plug 2816' to 1500'.	OIL CON		
Spotted 9.0# Gel Based Mud 1500' to 20	Dist		
Perforated 4 1/2" casing at 200' and the	hen circulated cement 2000 to		
surface.			
Wolded marker to top of 4 1/2" easing			

Subsurface Safety Valve: Manu. and Type ____ Set @ 18. I hereby certify that the foregoing is true and correct ifultime Superintendent (This space for Federal or State office use) APPROVED BY _______CONDITIONS OF APPROVAL, IF ANY: TITLE