UNITED STATES

SUBMIT IN TRIPLICATE.

Form approved.

DEPARTMENT OF THE INTERIOR (Other instructions on geological survey		5. LEASE DESIGNATION AND SERIAL NO. ST - 079035-A
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.)		6. IF INDIAN, ALLOTTER OR TRIBE NAME eservoir.
OIL GAS WELL OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Caulkins Oil Company		Breech "A"
3. ADDRESS OF OPERATOR		9. WELL NO.
P.O. Box 780 Farmington, New Mexico		183
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)		10. FIELD AND POOL, OR WILDCAT
At surface		South Blanco PC
1650' from the South and 1650' from the East		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		Sec 10 26N 6W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	6527 GR	Rio Arriba M. Mov
16. Check A	ppropriate Box To Indicate Nature of Notice,	
NOTICE OF INTE	INTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS MATER SHUT FRACTURE TE SHOOTING OF (Other) CHANGE PLANS	REATMENT ALTERING CASING
17. DESCRIBE PROPOSED OR COMPLETED OP proposed work. If well is directinent to this work.) *	PERATIONS (Claurly state all portinget d. talle)	pertinent dates, including estimated date of starting any and true vertical depths for all markers and zones perti-
4-11-78 Cleaned	out to TD 3050	
4-11-78 Cemented 40 sacks Cla	2 7/8" OD EUE 8rd thd tubi: ass "B" Neat Cement.	ng 3050 to 2700' with
4-25-78 Perforate 3009, 3020	ed Liner with 6 holes at for and 3033.	llowing; 2980,2990,3001
4-26-78 Fractured with 30,000# 20-40 sand and 770 bbls water.		nd 770 bbls water.
5-2-78 Ran 1" ti	ubing to 2976.	
5-15-78 Well on 1	line to Gas Company of New I	Texico.
		MAY 2.4 1973 OIL COM.
18. I hereby certify that the foregoing i		Dist.

DATE

TITLE _

(This space for Federal or State office use)

APPROVED BY _______CONDITIONS OF APPROVAL, IF ANY: