

UNITED STATES
DEPARTMENT OF THE INTERIOR
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.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR

Caulkins Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 780 Farmington, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' F/S and 660' F/W

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Cement Liner

5. LEASE

SF-079035-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech A

9. WELL NO.

204E

10. FIELD OR WILDCAT NAME Otero Chacra,
Blanco Mesa Verde, Basin Dakota

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

Section 9 26 North 6 West

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6465 Gr.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

7-23-80 Cemented 4 1/2" 11.6# K-55 Seamless Liner 7389' to 6532'
with 275 sacks Neat Cement. Plug down 3:30 AM 7-23-80
Cement circulated to top of Liner.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Charles D. Argon TITLE Superintendent DATE July 30, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: