HAUTED OTATEO	
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF-079035-A
·	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	O FADM OD LEACE MANAE
	8. FARM OR LEASE NAME
1. oil gas 🗔	Breech A
well well other	9. WELL NO.
2. NAME OF OPERATOR	625
Caulkins Oil Company	10. FIELD OR WILDCAT NAME
	distribution of the control of the c
3. ADDRESS OF OPERATOR	Básin Dakota
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
below.)	Section 8 26N 6W
AT SURFACE: 660 F N/L and 660 F W/L	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	Rio Arriba New Mexico
AT TOTAL DEPTH:	
Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
•	6693 Gr.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	0073 616
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Denot results of multiple and 1
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	change on Form 5-330.)
CHANGE ZONES	
ABANDON*	
	그 그 그 그 그 그 그 얼룩살랐다. 본 원 원 원 수 있다. 그 원
(other) Change out Tubing.	
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner</li> </ol>	irectionally drilled, give subsurface locations and
measured and true vertical departs for an markets and zones pertiner	10 00 00 00 00 00 00 00 00 00 00 00 00 0
•	
	그 그는 그는 한 사람들은 그를 가운했다.
6-27-79 Pulled 2 7/8" tubing landed @ 73	01 and then ran 2 3/8"
,	
OD EUE 4.7# J-55 Smls tubing to	7468'
on hor 4014 2-33 pure contrid to	
	가장 양성별 이 일이 불분했다.
	그는 그는 그는 그리는 이 학생들이 살아 하셨다.
	는 중앙 당원 그는 경우 회회 교육

Subsurface Safety Valve: Manu. and Type Set @ 18. I hereby certify that the foregoing is true and correct Superintendent

(This space for Federal or State office use)

DATE

DOT 19 1979