

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N M 03551

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech E

9. WELL NO.

109

10. FIELD AND POOL, OR WILDCAT

South Blanco Locito

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

Sec. 3 26N 6 W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

1.

OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. NAME OF OPERATOR

Caulkins Oil Company

3. ADDRESS OF OPERATOR

Post Office Box 780, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660 from South 660 from West

14. PERMIT NO.

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

6484 Gr.

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) New Mexico OCC memo 9-13-74

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* ☐

(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.)*

Future plans include possible recompletion in Mesa Verde Chacra or Pictured Cliffs sand. This work should be done during 1975 providing completion equipment can be purchased.

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

SIGNED Charles E. Curry TITLE Superintendent

DATE 11-29-74

(This space for Federal or State office use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____