LIAUTED OTATEO	Buoget Builda No. 42-K1424			
UNITED STATES	5. LEASE			
DEPARTMENT OF THE INTERIOR	NM-03551			
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 reservoir. Use Form 9–331–C for such proposals.)				
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME			
1. oil gas X other	Breech E			
well Well Mother	9. WELL NO. 1.4.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2			
2. NAME OF OPERATOR	68E			
Caulkins Oil Company	10. FIELD OR WILDCAT NAME Otero Chacra			
3. ADDRESS OF OPERATOR	Blanco Mesa Verde, Basin 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 SIGN G SERIE			
below.)	Section 4 26 North 6 West			
AT SURFACE: 1980' F/S and 660' F/W	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)			
	6482 DF			
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:				
TEST WATER SHUT-OFF				
FRACTURE TREAT SHOOT OR ACIDIZE				
REPAIR WELL				
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)			
MULTIPLE COMPLETE				
CHANGE ZONES	그 그는 그는 이 일 사람들이 모든 일이 있다는 힘든			
ABANDON*				
(other) Cement Liner X				
The state of the s	<u> 3113 3 5588 8</u>			

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.)*

7-17-80 Cemented 4 1/2" 11.6# K-55 Seamless Liner 6470' to 7392' with 225 sacks Neat Cement. Plug down 8:30 AM 7-17-80 Cement circulated to top of Liner.

Subsurface Safety Valve: Manu	ı, and Type		Set @		Ft
18. I hereby certify that the fo	*	ndent DATE		3 1	
	(This space for Federal or State				
APPROVED BY		DATE	- 		

*See Instructions on Reverse Side

