

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	2

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
E-291-17

## 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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
Caulkins Oil Company	State A
3. Address of Operator	9. Well No.
P.O. Box 780, Farmington, New Mexico	62
4. Location of Well	10. Field and Pool or Well Name
UNIT LETTER A, 1190 FEET FROM THE North LINE AND 1190 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 26-N RANGE 6-W NMPM.	Blanco Mesa Verde Basin Dakota
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
6656 Gr.	Rio Arriba

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>
Down hole Commingle	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

7-6-78

2 3/8" tubing now set in packer at 7380'

Perforated with 2 holes at 7337'

1 1/4" tubing will be salvaged later.

DHC

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Charles E. Argue TITLE Superintendent DATE 7-10-78

APPROVED BY AR Hendrich TITLE SUPERVISOR DATE

CONDITIONS OF APPROVAL, IF ANY: