

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 03554

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "C"

9. WELL NO.

689

10. FIELD AND POOL, OR WILDCAT

Blanco MV and Basin Dakota

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

Section 12, 26N 6W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mexico

OIL ☐ GAS ☒  
WELL WELL OTHER

2. NAME OF OPERATOR

Caulkins Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 780 Farmington, New Mexico 87499

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

1850' F/S and 790' F/W

RECEIVED

APR 10 1985

BUREAU OF LAND MANAGEMENT

14. PERMIT NO.

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

6601 KB

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) Commingling Application ☒

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.)\*

It is proposed to down hole commingle Mesa Verde and Dakota Zones.

This notice to advise BIM that hearing with State of New Mexico has been set asking for approval.

BIM approval will be obtained prior to any work being done on well.

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

SIGNED Charles E. Ryan TITLE Superintendent

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE 4-5-85

DATE APR 10 1985

AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side  
NMOCC