weil

2. NAME OF OPERATOR

AT TOTAL DEPTH:

3. ADDRESS OF OPERATOR

AT TOP PROD. INTERVAL:

REPORT, OR OTHER DATA

Change plans

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

REPAIR WELL

(other)

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

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 Form 9–331–C for such proposals.)

other

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

AT SURFACE:990' from North & 1090' from East

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

Same

P.O. Box 780 Farmington, New Mexico

Same

Caulkins Oil Company

gas

well

XX

•	LEASE /		
		NM	03554
		7177	0333.

LEACE

	NM	03554
 		. APPER OR TRICE!

5.	IF INDIAN, ALLOTTEE OR TRIBE NAME
7.	UNIT AGREEMENT NAME
8.	FARM OR LEASE NAME Breech C

9. WELL NO. 144 10. FIELD OR WILDCAT NAME

Blanco Mesa Verde 11. SEC., T., R., M., OR BLK. AND SURVEY OR **AREA**

Sec. 12 26 North 6 West 13. STATE 12. COUNTY OR PARISH New Mexico Rio Arriba

14. API NO. 15. BLEVATIONS (SHOW DF, KDB, AND WD) 6700 KB

SUBSEQUENT REPORT OF (NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Please cancel your approval to change Zones on this well.

Tested Tocito Zone before beginning operations. 8-2-82

Found well would produce approx 100 MCFPD plus 5 bbls. oil.

Turned well back on line to El Pag 8-3-82

Company.

Subsurface Safe	ety Valve: Manu. and Type			Set @		Ft	•
	rtify that the foregoing is true and corn			-	-	. `	
	THE STATE OF THE PARTY STATES	Superintendent	DATE	10=6-82		·	_
SIGNED		for Federal or State office use	<u>. </u>	 			
	APPROVED.		DATE _				_
APPROVED BY CONDITIONS OF	APPROVAL, IF ANY:	1			1		
	0 0.T 1 3 1982				-		

See Instructions on Reverse Side DISTRICT ENGINEER