	•	UNITED CTAT	·rc	GUDWIN IN MOYELYGANDA	Form approved.
Form 9-331 (May 1963)	DEDART	UNITED STAT		OR (Other instructions on reverse side)	Budget Bureau No. 42-R142 5. LEASE DESIGNATION AND SERIAL NO.
	DEPARTMENT OF THE INTERIOR (Other Institutions on Te				th; 03551
				277	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use th	NDRY NO bis form for propous Use "APPLIC	TICES AND REDSAIS to drill or to dee CATION FOR PERMIT-	PORIS (pen or plug b " for such p	ack to d different reservoir.	
1. OIL GAS			······································	* 8	7. UNIT AGREEMENT NAME
WELL WELL 2. NAME OF OPERATOR					8. FARM OR LEASE NAME
Caulkins	Oil Co.			- 7 SS/	Breech E
3. ADDRESS OF OPERA				27 47	9. WELL NO.
Post Offi	_ce Box 780	, Farmington,	New Mex	ico	10. FIELD AND POOL, OR WILDCAT
See also space 17	. (Report location below.)	clearly and in accorda	nce with any	Prate teduttements.	Basin Dakota
At surface					11. SEC., T., R., M., OR BLK. AND
					SURVEY OR AREA
990 From	West and 2	075 from Sout	h lines		Section 3 26N 6 N
14. PERMIT NO.		15. ELEVATIONS (Sh	ow whether DE	, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
		6536	DF		Rio Arriba New Mexi
16.	Check A	appropriate Box To	Indicate N	lature of Notice, Report, or (Other Data
	NOTICE OF INT	INTION TO:		SUBSEQ	UENT REPORT OF:
TEST WATER SHU	T-OFF	PULL OR ALTER CASIN	c	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZ		ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	\mathbf{x}	CHANGE PLANS		(Other)	s of multiple completion on Well
(Other)				Completion or Recomp	netion Report and Log form.) , including estimated date of starting a
proposed work. nent to this wor	If well is direc	tionally drilled, give s	ubsurface loca	tions and measured and true vertice	al depths for all markers and zones per
A casing	leak was d	iscovered ll-	16774.		
•				backed to approximate	Ly 7200! then cement
annular a	area betwee	n 2" EUE tubi	ng and 4	la casing top to bot	
approxima	ately 25 sa	.cks cement ou	t hole i	n $4\frac{1}{2}$ " casing.	
					•
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18. I hereby certify	that the foregoing	a is true and correct			
	7.01		mana ==	Superintendent	DATE 11-21-74
SIGNED COT	mera c	ngan.	TITLE		DAIS 17
(This space for	Federal or State	office use)	. —		
APPROVED BY			TITLE		DATE
	F APPROVAL, II	ANY:			