

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

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

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—" for such proposals.)

OIL WELL GAS 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 regulations.
See also space 17 below.)
At surface

1850' F/S and 960' F/E

14. PERMIT NO.

15. ELEVATIONS (Show whether depth or elevation)
6400 GR

RECEIVED
JUN 08 1987
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND AERIAL NO.

NM 03381

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "B"

9. WELL NO.

172

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 7, 26 North - 6 West

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

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)

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.)

12-15-86 Ran Baker Model R-3 Retrievable Packer to 3885' with 2 3/8" OD EUE 8rd thd tubing set at 7060'.

12-15-86 TO 6-4-86 Swabbed well in 4 times. Now flowing well each day to unload water.

Will not flow steady with out loading up.

Request permission to postpone casing repairs until well comes back.

Request test period be extended to June 1, 1988.

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

SIGNED Charles Dejean TITLE Superintendent

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE 6-4-87
JUN 09 1987
DATE Jim A. [Signature]
for AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC