

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

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NO. <p align="center">NMI 03553</p>
(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.)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME-	
2. NAME OF OPERATOR <p align="center">Caulkins Oil Company</p>	8. FARM OR LEASE NAME <p align="center">Breech D</p>	
3. ADDRESS OF OPERATOR <p align="center">Post Office Box 780, Farmington, New Mexico</p>	9. WELL NO. <p align="center">DXX 387</p>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <p align="center">790' from South and 1650 from East of Section 22 26 North 6 West</p>	10. FIELD AND POOL, OR WILDCAT <p align="center">South Blanco-Otero Chacra</p>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <p align="center">6727 DF</p>	11. SEC., T., R., M., OR BLM AND SURVEY OR AREA <p align="center">Sec. 22 26 North 6 West</p>
		12. COUNTY OR PARISH 13. STATE <p align="center">Rio Arriba New Mex.</p>

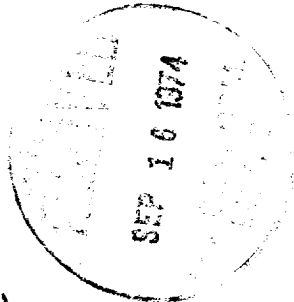
18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDISE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

(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.) *

Spudded at 7:30 AM 9-7-74. Drilled to TD 138'. Cemented 8 5/8" 28# EM Casing at 138' with 100 sacks. Cement contained 2% Ca CL. Cement circulated to surface. Plug down 3:30 PM 8-7-74. Tested casing with 800# for 30 minutes. No decrease in pressure. Casing was tested 9-8-74, 24 hours after plug down.



SEP 13 1974
U. S. GEOLOGICAL SURVEY
DENVER, COLORADO

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

SIGNED Paul E. Deque TITLE Superintendent DATE 9-8-74

(This space for Federal or State office use)

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