

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

MM 03553

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech D

9. WELL NO.

383

10. FIELD AND POOL, OR WILDCAT

South Blanco Otero Chacra

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

Section 21 26 North 6 West

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Caulkins Oil Company

3. ADDRESS OF OPERATOR

Post Office Box 780, Farmington, New Mexico

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

790 from South and 1650 from East of Section 21 26 North 6 West

14. PERMIT NO.

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

6707 DF

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

18. 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.)*

Spudded 7:30 PM 8-22-74. Drilled to 140'. Cemented 8 5/8" 28# EW Casing at 140' with 128 sacks. Cement contained 2% CaCL. Cement circulated to surface. Plug down at 3:30 AM 8-23-74. Tested casing with 800# for 30 minutes. No decrease in pressure. Casing was tested 8-24-74 24 hours after plug down.



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

SIGNED

Charles E. Vesper

TITLE

Superintendent

DATE

8-25-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

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