

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NE 03553

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech D

9. WELL NO.

385

10. FIELD AND POOL, OR WILDCAT

South Blanco-Otero Chacra

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

22 26 Noth 6 West

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

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 West and 790 from South of Section 22 26 North 6 West

14. PERMIT NO.

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

6698 DF

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 ☐

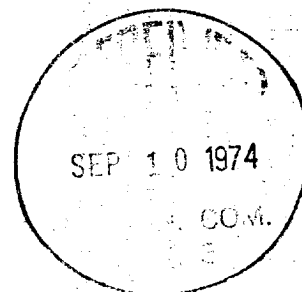
ALTERING CASING ☐

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.)*

Spudded 7:00 PM August 30, 1974. Drilled to TD 144'. Cemented 8 5/8" 28# EW Casing at 144' with 100 sacks. Cement contained 2% CACL. Cement Circulated to surface. Plug down 3:30 AM 8-31-74. Tested casing with 800# for 30 minutes. No decrease in pressure. Casing was tested 9-1-74, 24 hours after plug down.



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

SIGNED

Charles E. Dejeu

TITLE

Superintendent

DATE

September 2, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side