

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.

NM 03381

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "B"

9. WELL NO.

217

10. FIELD AND POOL, OR WILDCAT

South Blanco-Otero Chacra

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

Sec. 14 26N 7W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

1.

OIL ☐ GAS ☒
WELL 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

820 From North and 1000 From West

14. PERMIT NO.

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

6138 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 2:00 P.M. 6-28-75. Drilled to TD 150'. Ran 150' 8 5/8"

24# J-55 casing to 150' and cemented with 100 sacks. Cement circulated.

Plug down 9:30 P.M. 6-28-75.

Tested surface casing with 500# for 30 minutes. No decrease in pressure.

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

SIGNED

Charles E. Vergara

TITLE

Superintendent

DATE

7-1-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side