

**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.

Nm 03381

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Caulkins Oil Company

3. ADDRESS OF OPERATOR
Post Office Box 780, Farmington, New Mexico 87401

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.)
6127 Gr.

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

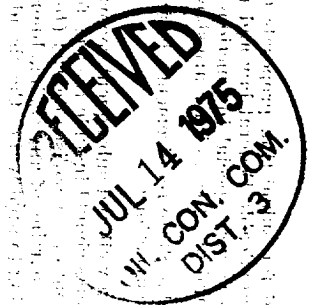
WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

TD-3375'.
Ran 4 1/2" casing to 3369' and cemented with 263 sacks 3% Lodense followed by 179 sacks Neat.
Cement circulated to surface. Plug down 4:30 PM. 7-4-75.

263
179
422



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

SIGNED Charles E. Viquez TITLE Superintendent

DATE 7-7-75

(This space for Federal or State office use)

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