

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

3. LEASE DESIGNATION AND SERIAL NO.

MM 03733

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breach

9. WELL NO.

314

10. FIELD AND POOL, OR WILDCAT

South Blanco-Otero Chacra

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

Sec. 18 26N 6W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mex.

1.

OIL ☐ WELL GAS ☒ WELL OTHER

2. NAME OF OPERATOR

Caulkins Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 340, Bloomfield, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

900 from the South and 790 from the East

14. PERMIT NO.

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

6739 GR.

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.)

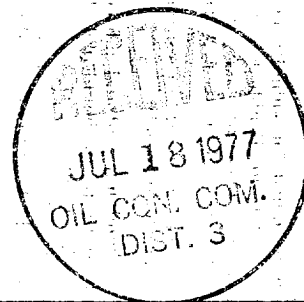
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

6-27-77

TD 4054\*

San ES Ind. Log

Run 4 1/2" New 10.5# H-40 Casing to 4054' and cemented with 425 sacks  
65-35-12 Gel cement followed by 290 sacks. Neat. Plug down 9:45 PM 6-27-77.  
Cement circulated to surface.



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

SIGNED

*Charles J. Jorgensen*

TITLE

Superintendent

DATE

6-30-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side