

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT

Expires August 31, 1985
5. LEASE DESIGNATION AND ACCT. NO.

NM 03554

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.)

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Caulkins Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 780 Farmington, New Mexico 87499

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

864 F/S and 1010 F/E

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "C"

9. WELL NO.

389-E

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde - Basin Dakota

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

Sec. 13, 26N, 6W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mexico

14. PERMIT NO.

JUN 08 1987

15. ELEVATIONS (Show whether DT, RT, CR, etc.)

6602 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

TEST WATER SHUT-OFF

PCLL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACURE TREAT

MULTIPLE COMPLETE

FRACURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Commingle Well

(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.)

It is our intention to seek administration approval for downhole commingling of the Mesa Verde and Dakota Zones in this well from New Mexico Oil Conservation Division.

RECEIVED
JUN 12 1987
OIL CONSERV. DIV.
ALBUQ.

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

SIGNED Charles E. Vergue TITLE Superintendent

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE 6-4-87

JUN 10 1987

DATE

*See Instructions on Reverse Side