

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

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.)

NM 03553

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Caulkins Oil Company

8. FARM OR LEASE NAME

Breech "D"

3. ADDRESS OF OPERATOR

P.O. Box 780 Farmington, New Mexico

9. WELL NO.

240-E

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

1730' F/N and 1795' F/W

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

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

Sec. 15, 26 North 6 West

14. PERMIT NO.

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

6463 GR

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

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 ACIDISE
REPAIR WELL
(Other)

PLUG 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*

Resumed production

(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 cones pertinent to this work.)

7-22-86

This well resumed production today after being shut-in over 90 days for no market.

RECEIVED

JUL 29 1986

OIL CON. DIV. J
DIST. 3

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

SIGNED Charles E. DeGuer TITLE Superintendent

DATE 7-22-86

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

DATE

JUL 25 1986

*See Instructions on Reverse Side

OPERATOR

FARMINGTON RESOURCE AREA

BY E. GB