

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐  
2. NAME OF OPERATOR  
Caulkins Oil Company  
3. ADDRESS OF OPERATOR  
P.O. Box 780, Farmington, New Mexico  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 990' F/N 990' F/E  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same  
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:      SUBSEQUENT REPORT OF:  
TEST WATER SHUT-OFF ☐ ☐  
FRACTURE TREAT ☐ ☐  
SHOOT OR ACIDIZE ☐ ☐  
REPAIR WELL ☐ ☐  
PULL OR ALTER CASING ☐ ☐  
MULTIPLE COMPLETE ☐ ☐  
CHANGE ZONES ☐ ☐  
ABANDON\* ☐ ☐  
(other) Commingle in Wellbore.

5. LEASE  
NM-03547  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Breech F  
9. WELL NO.  
12  
10. FIELD OR WILDCAT NAME  
South Blanco PC- Blanco MV  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 35-27 North 6 West  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DE KDB AND WD)  
6608' Gr.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 proposed to pull 1 1/2" tubing now set @ 3269' then pull 2 3/8" tubing and seal assy now set in well @ 5506' and salvage same. 1 1/2" tubing will then be run to approx 5600' for Commingled Pictured Cliffs and Mesa Verde Production.

Est. starting date April 27, 1979.

New Mexico Oil Conservation Division Order No. R-5925 approved commingling.

No new surface to be disturbed.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Charles V. Vargus TITLE Superintendent DATE March 15, 1979

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side