

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Bureau Order No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

DM 03733

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech

9. WELL NO.

368

10. FIELD AND POOL, OR WILDCAT

South Blanco-Otero Chacra

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

Sec. 23 26N 7W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

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.)

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Caulkins Oil Company

3. ADDRESS OF OPERATOR

Post Office Box 730, Farmington, New Mexico

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

790 from East and 1550 from South of Sec. 23 26N 7W

14. PERMIT NO.

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

6572 Gr.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☒
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

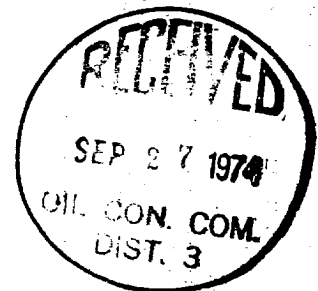
ALTERING CASING

ABANDONMENT*

☐
☐
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☐(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 perti-
nent to this work.)*

Spud in at 8:00 PM 9-18-74. Drilled to TD 140'. Cemented 8 5/8" 28# EW Casing at 140'. with 100 sacks. Cement contained 2% CaCL. Cement circulated to surface. Plug down 4:45 AM 9-19-74.

Tested surface casing with 500# for 30 minutes. No decrease in pressure.



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

SIGNED

TITLE

Superintendent

DATE

9-22-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side