

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Caulkins Oil Company	8. FARM OR LEASE NAME Breech
3. ADDRESS OF OPERATOR Post Office Box 780, Farmington, New Mexico	9. WELL NO. 354
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790 from East line- 1850 From North Line Section 24 26 North 7 West	10. FIELD AND POOL, OR WILDCAT South Blanco-Otero Chacra
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6156 Gr.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 24 26 North 7 West	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

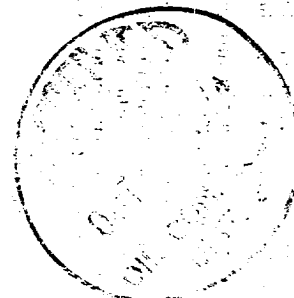
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

Drilled to TD 3380:
Ran Casing as Follows:

0 to 151'	5 1/2"	15.5# J-55 Sml.
151 to 3007	4 3/4"	12.6# J-55 Sml.
3007 to 3380	4 1/2"	10.5# J-55 Sml.

Cemented with 135 sacks Lodense Cement followed by 120 sacks Neat.

Plug down 2:45 AM. 10-11-74



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

SIGNED Charles Deque TITLE Superintendent DATE 10-13-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: