

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Caulkins Oil Company</p> <p>3. ADDRESS OF OPERATOR Post Office Box 780, Farmington, New Mexico</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' from the East and 1190' from the South</p> <p>14. PERMIT NO. _____</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM 03547</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____</p> <p>7. UNIT AGREEMENT NAME _____</p> <p>8. FARM OR LEASE NAME Breech F</p> <p>9. WELL NO. 40</p> <p>10. FIELD AND POOL, OR WILDCAT South Blanco PC</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33 27N 6W</p> <p>12. COUNTY OR PARISH 13. STATE Rio Arriba New Mex.</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6497 Gr.</p>	

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

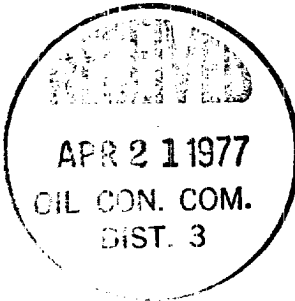
17 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

Spud at 3:30 PM 4-11-77.

Drilled 12 1/4" hole to 90'.

Cemented new 8 5/8" 24# J-55 casing at 90' with 100 sacks class B cement containing 2% CaCl. Plug down 6:30 PM 4-11-77. Cement circulated to surface.

Tested surface casing with 500# for 30 minutes 4:00 PM 4-12-77. No decrease in pressure.



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

SIGNED Charles E. Casper TITLE Superintendent DATE 4-13-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APR 13 1977

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side