

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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		5. LEASE DESIGNATION AND SERIAL NO. NM 03547	
2. NAME OF OPERATOR Caulkins Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Post Office Box 780, Farmington, New Mexico		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 940 from the East and 1010 from the South		8. FARM OR LEASE NAME Breech F	
14. PERMIT NO.		9. WELL NO. 44	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6612 Gr.		10. FIELD AND POOL, OR WILDCAT South Blanco PC	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 34 27N 6W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE New Mex.	

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 ACIDIZE

REPAIR WELL

(Other)

PULL 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*

(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.)*

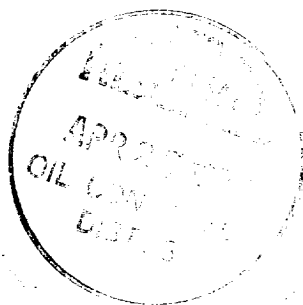
Spud at 1:45 PM 4-17-77.

Drilled to TD 100'.

Cemented 8 5/8" 24# J-55 New casing at 100' with 100 sacks type B cement.

Cement contained 2% CaCl. Plug down 5:45 PM 4-17-77.

Surface pipe tested with 500# 4-18-77. No decrease in pressure.



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

SIGNED

Charles E. Vequer

TITLE

Superintendent

DATE

4-18-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

LV

*See Instructions on Reverse Side