Form 9-331 (May 1963)

UNITED STATES

SUBMIT IN TRIPLICATE*

Form approved. Budget Eureau No. 42-R1424.

| (144) 1000 | DEPART | TMENT OF THE IN GEOLOGICAL SURV | | 5. LEASE D | esignation and serial O3 547 | L NO. | | |
|---|---|--|--|------------------------|---|------------|--|--|
| 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.) | | | | | N, ALLOTTEE OR TRIBE | NAME | | |
| OIL GAS WELL WEI | L A OTHER | | | 7. UNIT AG | REEMENT NAME | | | |
| 2. NAME OF OPERATOR Caulkins Cil Company | | | | | 8. FARM OR LEASE NAME Breech F | | | |
| 3. ADDRESS OF OPERATOR Post Office Box 780, Farmington, New Mexico | | | | | o. 4 | | | |
| 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 | | | | | South Blanco PC 11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA Sec. 34 27N 6W | | | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show wh | nether DF, RT, GR, etc.) 612 Gr. | | or parish 13. STA Arriba New | | | |
| 16. | check Appropriate box to marcule 1 turble of 1 torace, report, or | | | | | Other Data | | |
| TEST WATER SHO FRACTURE TREAT SHOOT OR ACIDIZ REPAIR WELL (Other) 17. DESCRIBE PROPOSE proposed work nent to this wo. | E O OR COMPLETED O | PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS PERATIONS (Clearly state all tionally drilled, give subsurf. | WATER SHUT-OFF FRACTURE TREATMENT SE.OOTING OR ACIDIZING (Cther) (NOTE: Report res Completion or Recompletion or Recompletion or Recompletion and details, and give pertinent details, and measured and true versions. | empletion Report | stimated date of star | ting any | | |
| TD 325 | · | eached 4-23-77. | • | | | | | |
| 65-35- | 12 cement | 5# H-40 New cas c followed by I down 10:30 AM <i>I</i> | sing to 3250°. Cemen 132 sacks Neat. Ceme ₁ -24-77. | ited with ent circu | 460 sacks lated to | | | |
| | | 46 ° , 32 | And the state of t | - | | | | |
| | | | Con Children | | 1017 | | | |
| 18. I hereby certify SIGNED | that the foregoing | s is true and correct | Superintendent | DAT | XXXXXXX 4-25- | .77 | | |
| (This space for | Federal or State | office use) | | | | | | |

*See Instructions on Reverse Side