

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Caulkins Oil Company	8. FARM OR LEASE NAME Breech "F"
3. ADDRESS OF OPERATOR P O Box 780 Farmington, New Mexico 87499	9. WELL NO. 4-M
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1520 1190' From South and 1070' From East RECEIVED DEC 13 1984	10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO.	11. SEC., T., R., M., OR BLE. AND SURVEY OR ALTA Section 33, 27N 6W
15. ELEVATIONS (Show whether on, at, or above ground) 6501 Gr	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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

Resume Production

(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 plungers and losses pertinent to this work.)*

Dakota Zone resumed production 12-7-84 after being shut-in by

Gas Company of New Mexico for over 90 days.

RECEIVED

DEC 31 1984

OIL CON. DIV.
DIST. 3

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

SIGNED

Charles E. Ingram

TITLE Superintendent

DATE

12-12-84
ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

DEC 28 1984

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY

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*See Instructions on Reverse Side

NMOCC