

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 03733
2. NAME OF OPERATOR Caulkins Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. 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 980' From East and 1618' From North		8. FARM OR LEASE NAME Breech
14. PERMIT NO.		9. WELL NO. 854
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6149 Gr		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde-Basin Dakota
		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

13. 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"/>	(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.) *

Spud 12 1/4" hole at 7:00 PM 8-19-84.

Drilled 12 1/4" hole to 711'.

Ran new 9 5/8" 36# H-40 Casing to 711'.

Cemented 9 5/8" Casing with 450 sacks (531 Cu.Ft.) Class "B" Cement containing 3% CaCl.

20 bbls cement circulated to surface.

Plug down 2:15 PM 8-20-84.

Tested surface Casing with 900# for 30 Minutes.

No decrease in pressure.

RECEIVED
AUG 31 1984
OIL CON. DIV.
DIST. 3

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

SIGNED <u>Charles E. Buehner</u>	TITLE <u>Superintendent</u>	DATE <u>8-22-84</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD

ADMINISTRATIVE RESOURCE AREA

*See Instructions on Reverse Side