

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM 03554

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "C"

9. WELL NO.

248

10. FIELD AND POOL, OR WILDCAT

Blanco MV and Basin Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 13, 26N 6W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Caulkins Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 780 Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1140' F/N and 900' F/E

RECEIVED
APR 10 1985

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6532 KB

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 COMPLETION ☐

ABANDON* ☐

CHANGE PLANS ☒

Commingling Application

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 perti-
nent to this work.)*

It is proposed to down hole commingle Mesa Verde and Dakota Zones.

This notice to advise BIM that hearing with State of New Mexico has been
set asking for approval.

BIM approval will be obtained prior to any work being done on well.

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

SIGNED

Charles E. Dwyer

TITLE

Superintendent

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

4-5-85

APR 10 1985

DATE

AREA MANAGER

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC