

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Caulkins Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 780 Farmington, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1715' F/S & 1825' F/W
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

5. LEASE
SF 079304

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Sanchez

9. WELL NO.
1E

10. FIELD OR WILDCAT NAME Otero Chacra-Blanco Mesa Verde, Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 24 26N 6W

12. COUNTY OR PARISH Rio Arriba 13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6676' Gr.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Natural Test Results

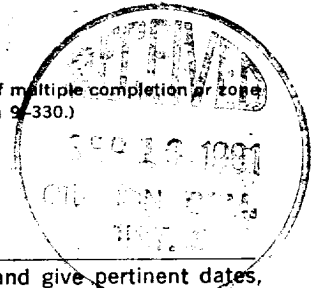
SUBSEQUENT REPORT OF:

RECEIVED

SEP 15 1981

U.S. GEOLOGICAL SURVEY

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



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.)*

6-20-81 Tested Dakota perforations 7282 to 7496 for Natural flow. When tool was opened had imediate blow. Gas to surface in 5 minutes. Gas flow measured 75 MCFPD.

6-23-81 Tested Mesa Verde perforations 5286 to 5466 for Natural flow. No blow when tool opened.

6-24-81 Tested Chacra perforations 3940 to 3962 for Natural flow. When tool opened had very small blow. Gas flow to small to measure.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Charles Vergara TITLE Superintendent DATE August 28, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 15 1981

*See Instructions on Reverse Side

FARMINGTON DISTRICT
BY RS

NMOCC