

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Caulkins Oil Company	8. FARM OR LEASE NAME Breech "E"
3. ADDRESS OF OPERATOR P.O. Box 780 Farmington, New Mexico 87499	9. WELL NO. 118-E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1840' From North & 800' From West	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde-Basin Dakota
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 1, 26 North 6 West
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 674.5	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

AUG 07 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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 2:45 PM 8-2-84.

Drilled 12 1/4" hole to 380'.

Ran new 9 5/8" 36# H-40 Casing to 380'.

Cemented 9 5/8" Casing with 275 sacks (319 Cu.Ft.) Class "B" Cement containing 3% CaCl.
20 bbls cement circulated to surface.

Plug down 4:30 AM 8-3-84.

Tested surface casing with 900# for 30 minutes. No decrease in pressure.

RECEIVED
AUG 22 1984
OIL CON. DIV.
DISC. 3

I hereby certify that the foregoing is true and correct

SIGNED Charles E. Wagner TITLE Superintendent DATE 8-6-84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

AUG 21 1984

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY Smn