

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved
Budget Bureau No. 42-11424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 03733

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech

9. WELL NO.

332

10. FIELD AND POOL, OR WILDCAT

South Blanco-Otero Chacr

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

23 26N 7W

1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL

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 and in accordance with any State requirements.*
See also space 17 below.)
At surface

790 from North and 1160 from ~~WXXX~~ East

14. PERMIT NO.

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

6534 Ground

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:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐

REPAIRING WELL

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☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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 markers and zones pertinent to this work.)*

TD 3670 Reached 7-13-76.

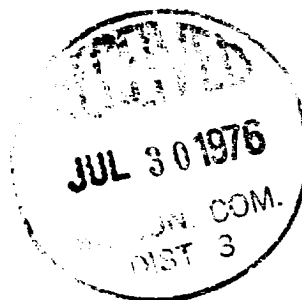
Ran ES Ind. and Density Logs.

Ran 4 1/2" 10.5 Shallowwell Casing to 3660". PBTD 3660".

Cemented with 325 sacks 65-35-12 Gel cement followed by 175 sacks Neat.

~~XXXX~~ Plug down 9:00 PM 7-13-76.

Cement circulated to surface.



RECEIVED
JUL 29 1976

U. S. GEOLOGICAL SURVEY
DURANGO, COLO

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

SIGNED

Charles Deque

TITLE

Superintendent

DATE

7-16-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: