

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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.)

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

RECEIVED

1980' F/S and 660' F/W

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
6470 GR

5. LEASE DESIGNATION AND SERIAL NO.

NM 03551

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "E"

9. WELL NO.

68-E

10. FIELD AND POOL, OR WILDCAT Basin Dakota

Otero Chacra, Blanco MV and

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

Section 4, 26N 6W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Commingling Application

(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.)*

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

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

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

TO WHOM IT MAY CONCERN:
A COPY OF THE ATTACHED APPLICATION
HAS BEEN FORWARDED TO NMOCC.

BEFORE EXAMINED STOPPED
OIL CONSERVATION DIVISION
Caulkins EXAMINER NO. 6
CASE NO. 8574

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

SIGNED Charles E. Deyou TITLE Superintendent

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
DATE 4-5-85
APR 10 1985
DATE
Jm
OPERATOR

*See Instructions on Reverse Side

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 03551

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "E"

9. WELL NO.

583-M

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

Otero Chacra, Blanco MV and

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

Section 5, 26N 6W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

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

1925' F/S and 720' F/W

RECEIVED

APR 10 1985

14. PERMIT NO.

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

6668' DF

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Commingling Application

(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 Chacra, Mesa Verde and Dakota Zones.

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

BLM Approval will be obtained prior to any work being done on well.

TO WHOM IT MAY CONCERN:
A COPY OF THE ATTACHED APPLICATION
HAS BEEN FORWARDED TO NMOCC.

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

SIGNED: Charles E. DeYoung TITLE: Superintendent

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

DATE
APR 10 1985

OPERATOR

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
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Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF 079035-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "A"

9. WELL NO.

175-E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota
Otero Chacra, Blanco MV and

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

Section 8, 26N 6W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

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.)

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

660' F/N and 1980' F/E

14. PERMIT NO.

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

66493 DF

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Commingling Application

(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 Chacra, Mesa Verde and Dakota Zones.

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set asking for approval.

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

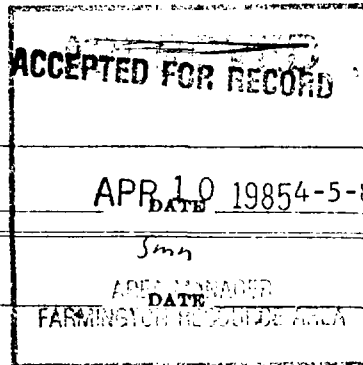
TO WHOM IT MAY CONCERN:
A COPY OF THE ATTACHED APPLICATION
HAS BEEN FORWARDED TO NMOCC.

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

SIGNED: Charles E. [Signature] TITLE Superintendent

(This space for Federal or State office use)

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



*See Instructions on Reverse Side OPERATOR

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
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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.

SF 079035-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "A"

9. WELL NO.

204-M

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

Otero Chacra, Blanco MV and

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

Section 9, 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

1980' F/S and 660' F/W

RECEIVED

APR 03 1985

14. PERMIT NO.

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

6465 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

Commingling Application

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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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 Chacra, Mesa Verde and Dakot Zones.

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set asking for approval.

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

SIGNED Charles E. Vergara TITLE Superintendent

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

DATE 4-5-85

APR 10 1985

DATE

FARMINGTON REGIONAL AREA

*See Instructions on Reverse Side

OPERATOR

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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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.)

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

660' F/S and 1980' F/E

RECEIVED

APR 06 1985

14. PERMIT NO.

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

6504 DF

5. LEASE DESIGNATION AND SERIAL NO.

SF 079035-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "A"

9. WELL NO.

136-E

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

Otero Chacra, Blanco MV and

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

Section 10, 26N 6W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Commingling Application

(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 Chacra, 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.

TO WHOM IT MAY CONCERN:
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HAS BEEN FORWARDED TO NMOCC.

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

SIGNED Charles E. Carson TITLE Superintendent

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
DATE 4-5-85

DATE APR 10 1985
Smm

*See Instructions on Reverse Side

OPERATOR

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

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OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 03554
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 87499		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 960' F/N and 850' F/W		8. FARM OR LEASE NAME Breech "C"
14. PERMIT NO.		9. WELL NO. 248-M
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6615 GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota Otero Chacra, Blanco MV and
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 13, 26N 6W
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input 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"/>

(Other) Commingling Application

(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.)*

It is proposed to downhole commingle Chacra, Mesa Verde and Dakota Zones.

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

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

SIGNED Charles E. Verman TITLE Superintendent

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

ACCEPTED FOR RECORD

DATE 4-5-85

APR 10 1985

DATE 5/15

AREA OFFICER
FARMINGTON DISTRICT AREA

*See Instructions on Reverse Side

OPERATOR