

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 079304
2. NAME OF OPERATOR Caulkins Oil Company		6. INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 780 Farmington, New Mexico		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 560' F/N and 660' F/W		8. FARM OR LEASE NAME Sanchez
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6672 DP		10. FIELD AND POOL, OR WILDCAT Pictured Cliffs & Dakota
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		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

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16. 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) Commingling Application <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input 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.)*

It is proposed to recomplete well in Chacra and Mesa Verde formations then commingle production in wellbore formations Pictured Cliffs, Chacra, Mesa Verde and Dakota.

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.

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APR 12 1985

OIL CON. DIV.
DIST. 3

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

SIGNED Charles E. Wagner TITLE Superintendent

(This space for Federal or State office use)

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

APPROVED FOR RECORD

DATE 4-5-85

APR 10 1985

DATE Sm

APRIL MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side