

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: 990' F/S 990' F/E
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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

| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|--------------------------|-------------------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input checked="" type="checkbox"/> | | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
| (other) | | | |

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 clean out to 3090' then determine that all perforations are open.

Well will then be fractured w/50,000# sand.

Est starting date July 1, 1979.

A small pit on existing location will be required to contain frac water while cleaning up.

All disturbed area will be cleaned up and reseeded.

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

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

SIGNED Charles Dugan TITLE Superintendent DATE March 20, 1979

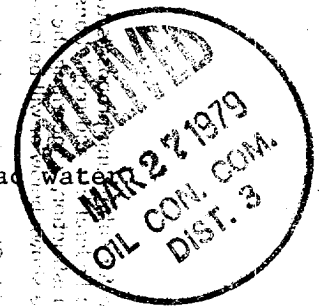
(This space for Federal or State office use)

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

*See Instructions on Reverse Side

| | |
|---|-------------------------|
| 5. LEASE NM-03381 NM 03554 | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME | |
| 8. FARM OR LEASE NAME Breech C | |
| 9. WELL NO. 328 | |
| 10. FIELD OR WILDCAT NAME South Blanco PC | |
| 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 |
| 14. API NO. | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6600' Gr. | |

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



RECEIVED

MAR 26 1979

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

OK