UNITED STATES DEPARTMENT OF THE INTERIOR

5.	LEAS	SE	
	SF	079035-A	

DEPARTMENT OF THE INTERIOR	SF 0/9035-A			
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME			
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir, Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME			
1 oil gae —	Breech A			
1. oil gas	9. WELL NO.			
2. NAME OF OPERATOR	181			
Caulkins Oil Company	10. FIELD OR WILDCAT NAME			
3. ADDRESS OF OPERATOR	South Blanco Pictured Cliffs			
P.O. Box 780 Farmington, New Mexico				
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Section 10 26 North 6 Wes			
below.) AT SURFACE: 1510' F/S & 1135' F/W	12. COUNTY OR PARISH 13. STATE			
AT TOP PROD. INTERVAL: Same	Rio Arriba New Mexic			
AT TOTAL DEPTH: Same				
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.			
REPORT, OR OTHER DATA				
ALI ONI, ON OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)			
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6570 DF			
FEST WATER SHUT-OFF	÷			
FRACTURE TREAT				
SHOOT OR ACIDIZE	A STATE OF THE STA			
REPAIR WELL	(NOTE: Report results of multiple completion or zone			
DULL OR ALTER CACING				
PULL OR ALTER CASING	change on Form 9–330.)			
MULTIPLE COMPLETE	change on Form 9–330.)			
MULTIPLE COMPLETE	change on Form 9–330.)			
MULTIPLE COMPLETE				
MULTIPLE COMPLETE CHANGE ZONES CHANGE ZONE				
MULTIPLE COMPLETE CHANGE ZONES CHANGE ZONE	te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and nt to this work.)*			
MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is of measured and true vertical depths for all markers and zones pertined. It is proposed to pull plugged tubing, clear	te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and nt to this work.)*			
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CONDITIONS OF APPROMATE ANY: 198.

TLE _____

_ DATE _

FORJAMES F. SIMS
DISTRICT ENGINEER

See Instructions on Reverse Side

UNITED STATES

	SF 079035-A	
S. LEASE	-	

DEPARTMENT OF THE INTERIOR	SF 079035-A			
GEOLOGICAL SURVEY	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 Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME			
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P.O. Box 780 Farmington, New Mexico 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10 26 North 6 West			
AT SURFACE: 1510' From South and 1135' From Wes- AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico 14. API NO.			
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)			
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING	62 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*	(NOTE: Report results of multiple completion or zone change on Form 9–330.)			

5-12-82 Received approval to repair well.

Approx 6-1-82 Removed Plug from tubing by blowing well.

No rig moved on location.



Subsurface Safety Valve: Manu. and Type	N. O.	Set @	Ft
18. I hereby certify that the foregoing is true and correct	Management Man	mai n	₹.
18. I hereby certify that the foregoing is true and correct SIGNED have Euglier(E Superintendent		10 5 00	
SIGNED A Challes Of Allegeller E Superintendent	DATE	<u> 10-5-82</u>	

(This space for Federal or State office use)

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

OCT 13 1982