

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 ☐ gas ☒ 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: 660' F/N and 1980' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Cement Liner

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

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

5. LEASE
SF-079035-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Breech A
9. WELL NO.
175E
10. FIELD OR WILDCAT NAME Otero Chacra, Blanco Mesa Verde, Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 8 26 North 6 West
12. COUNTY OR PARISH Rio Arriba 13. STATE New Mexico
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6493 DF

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.)*

7-27-80 Cemented 4 1/2" 11.6# K-55 Seamless Liner 6490' to 7400'
with 275 sacks Neat Cement. Plug down 2:30 PM 7-27-80
Cement circulated to top of Liner.

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

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

SIGNED Charles D. Ogden TITLE Superintendent DATE July 30, 1980

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC