UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

LEASE		
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NM (03554
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6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
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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

AT SURFACE:1850' from South & 790' from West AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING

CONDITIONS OF APPROVAL, IF ANY:

MULTIPLE COMPLETE

REPAIR WELL

CHANGE ZONES

ABANDON* (other)

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

8. FARM OR LEASE NAME

7. UNIT AGREEMENT NAME

Breech C

9. WELL NO. 689 ቖ

10. FIELD OR WILDCAT NAME Blanco Mesa Verde

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

Section 12 26 North 6 West

12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 6601 KB

SUBSEQUENT REPORT OF RECEIVED

NCT 14 1982NOTE: Report results of multiple completion or zone charge on Form 9-330.)

U. S. GEOLOGICAL SURVEY Regarding delinquint report the application.

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.)*

Well completed ready to produce 9-2-82.

Well has been shut in waiting on pipeline connection to date.

Gas Company of New Mexico report they expect to have well tied in by 1-1-83.

Subsurface Safety Valve: Manu. and Type _ Ft. 18. I hereby certify that the foregoing is true and correct Superintendent DATE TITLE . (This space for Federal or State office use) AUCEFIEU FOR RECORDE APPROVED BY DATE

OCT 2 0 1992

RICT *See Instructions on Reverse Side