

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 03733

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech

9. WELL NO.

307

10. FIELD AND POOL, OR WILDCAT

Basin-Dak-Blanco-Mesa Verde

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

Sec. 13 26N 6W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

1. OIL ☐ GAS ☒ OTHER
WELL WELL

2. NAME OF OPERATOR

Caulkins Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 780, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

790 from the South and 1140 from the West.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6122 Gr.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Report of well shut in.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

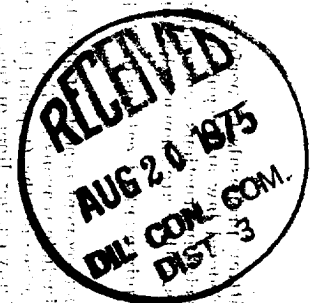
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Shut in Mesa Verde zone 8-1-75.

Mesa Verde production has decreased to where it is not sufficient to pay operating expenses.

Mesa Verde tubing string has been salvaged from well.

Dakota zone will continue to be produced.



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

SIGNED Charles E. Wagner TITLE Superintendent

DATE 8-15-75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____