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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E 291-17 and E 291-26	

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 "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Caulkins Oil Company		8. Farm or Lease Name <i>State A</i>
3. Address of Operator Post Office Box 780, Farmington, New Mexico		9. Well No. <i>116</i>
4. Location of Well UNIT LETTER P 850 East 850 FEET FROM THE LINE AND FEET FROM South 2 26N 6W THE LINE, SECTION TOWNSHIP RANGE N.M.P.M.		10. Field and Pool, or Wildcat <i>So. Blanco PC</i>
15. Elevation (Show whether DF, RT, GR, etc.) 6647 Ground		12. County Rio Arriba

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well spudded 1:00 PM 5-21-76.

Drilled 12 1/4" hole to 100'.

Cemented 8 5/8" 24# J-55 casing at 100' with 125 sacks. 2% CaCl. Cement circulated to surface.

Plug down 5:00 PM 5-21-76.

5-22-76 - Tested surface casing with 600# for 30 minutes. No decrease in pressure.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Charles D. Vignone TITLE Superintendent DATE May 24, 1976

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: