

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. NAME OF OPERATOR Caulkins Oil Co mpany	
3. ADDRESS OF OPERATOR Post Office Box 780, Farmington, New Mexico	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1450 from the North and 790 from the East	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6781 Gr.

5. LEASE DESIGNATION AND SERIAL NO. SE 079035-4	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Breech A	
9. WELL NO. 264	
10. FIELD AND POOL, OR WILDCAT South Blanco-Otero Chacra	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 17 26N 6W	
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mex.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

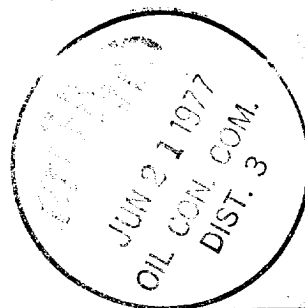
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Spud 7:30 PM 6-4-77.

Drilled 12 1/4" hole to 145' and cemented New 8 5/8" 24# J-55 Casing at 145' with 150 sacks Class B cement containing 2% CaCl. Plug down 1:00 AM 6-5-77. Cement did circulate to surface.

Tested surface casing 6-6-77 with 600#. No decrease in pressure after 30 minutes.



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

SIGNED Charles J. Surges TITLE Superintendent

DATE 6-7-77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____