

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>   | 7. UNIT AGREEMENT NAME   |
| 2. NAME OF OPERATOR<br><u>Caulkins Oil Company</u>   | 8. FARM OR LEASE NAME<br><u>Breech</u>                             |
| 3. ADDRESS OF OPERATOR<br><u>P.O. Box 340, Bloomfield, New Mexico 87413</u>  | 9. WELL NO.<br><u>314</u>  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><u>900 from the South and 790 from the East</u> | 10. FIELD AND POOL, OR WILDCAT<br><u>South Blanco-Otero Chacra</u> |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><u>6739 Gr.</u>  |
|  | 12. COUNTY OR PARISH<br><u>Rio Arriba</u>                          |
|  | 13. STATE<br><u>New Mexico</u>                                     |

18. 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 checked="" 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 10:00 AM 6-19-77

Drilled to TD 149'

Cemented new 3 5/8" 24# J-55 casing at 149' with 150 sacks Class "B" cement containing 2% CaCl. Plug down 4:30 PM 6-19-77.

6-20-77 Tested surface casing with 600# for 30 minutes. No decrease in pressure.



RECEIVED

JUN 30 1977

U. S. GEOLOGICAL SURVEY  
DURANGO, COLO.

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

SIGNED Charles C. Cargue

TITLE Superintendent

DATE 6-25-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_