

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0-3553

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Caulkind Oil Company	8. FARM OR LEASE NAME Breech "D"
3. ADDRESS OF OPERATOR P.O. Box 780, Farmington, New Mexico	9. WELL NO. 358
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1780 from the North and 1850 from the West	10. FIELD AND POOL, OR WILDCAT South Blanco-Otero Chac
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21 26-N 6-W
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6684 Gr.	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 at 12:30 PM 5-28-77

Drilled 12 1/4" hole to 145'.

Cemented 8 5/8" new 24# J-55 casing at 145' with 150 sacks Class B cement containing 2% Ca Cl. Cement circulated to surface.

Plug down 5:30 PM 5-28-77.

Tested surface casing 5-29-77. Tested for 30 Minutes with 600#. No decrease in pressure.

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

SIGNED

Charles Wayne

TITLE

Superintendent

DATE

6-1-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side