Form 9-331 (May. 1953)		UNITED STATES	TE* Form approved. Budget Buyeau	No. 42-R1424	
	DEPART	MENT OF THE IN	TERIOR (Other instructions or verse side)	5. LEASE DESIGNATION AN	
	(SEOLOGICAL SURVE	ΞΥ	.III 03 5 5 3	
CLIA	DDV NOT	ICEC AND DEDOE	TC ON WELLC	6. IF INDIAN, ALLOTTEE 0	R TRIBE NAME
		ICES AND REPOR			
(Do not use tais	Use "APPLICA	ATION FOR PERMIT—" for	plug back to a different reservoir. such proposals.)		:
1.	<u></u>			7. UNIT AGREEMENT NAME	
WELL GAS WELL	OTHER			·	
2. NAME OF OPERATOR		8. FARM OR LEASE NAME	S. FARM OR LEASE NAME		
Caulkins C	ill Comp	Breech D			
3. ADDRESS OF OPERATO	R			9. WELL NO.	
Post Offic		358-			
4. LOCATION OF WELL (1 See also space 17 bel		10. FIELD AND POOL, OR	VILDCAT		
At surface	,	South Blanco-	Otero Chacı		
1780' from	the Nor	11. SEC., T., R., M., OR BLK SURVEY OR AREA	AND		
			*	Sec. 21 26	N- 6W
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH 1	
		6684 g	r.	Rio Arriba	New Mex.
	NOTICE OF INTENTION TO:			BSEQUENT REPORT OF:	
TEST WATER SHUT-0	FF	PULL OR ALTER CASING	WATER SHUT-OFF	A REPAIRING WEI	.t
FRACTUBE TREAT		MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASI	NG
SHOOT OR ACIDIZE		ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT	·
REPAIR WELL		CHANGE PLANS	(Other)	esults of multiple completion on	Wall
(Other)		(61	Completion or Re	completion Report and Log form.	.)
proposed work. If nent to this work.)	well is directi	RATIONS (Clearly state all ponally drilled, give subsurface	ertinent details, and give pertinent o ce locations and measured and true v	lates, including estimated date of ertical depths for all markers a	f starting any nd zones perti-
TD 4000'.					<u>*</u> . *
TD reached	6-4-77	- , .			
65-35-12 g	el cemer	$5^{\#}$ H-40 casin at followed by ate to surface	g to 4000' and cem 320 sacks Neat. P	ented with 445 s lug down 2:30 RM	acks 6-4-77
			•		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*
					. 7
				<u>.</u>	
			العيمين المسلمان عاد	하는 이 기술의 중심 이렇다	
			and the second s		***

*See Instructions on Reverse Side

CA WHYLE

TITLE .

(This space for Federal or State office use)

APPROVED BY _______ CONDITIONS OF APPROVAL, IF ANY:

Superintendent

6-7-77

DATE

DATE .