

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 03554

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Caulkins Oil Company

3. ADDRESS OF OPERATOR
P.O. 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
900' from the North and 1090' from the East

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Breech C

9. WELL NO.
644

10. FIELD AND POOL, OR WILDCAT
South Blanco PC

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 12 26N 6W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6689 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

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐

REPAIRING WELL

☐
☐
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☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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 11:00 AM 7-7-78

Drilled 12 1/4" hole to 104' then cemented 8 5/8"
24# J-55 casing at 104' with 100 sacks 3% CaCl.

Plug down 5:00 PM 7-7-78

Cement circulated to surface.

Tested surface casing 7-8-78 with 500# for 30 minutes.

Held OK.

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

SIGNED

Charles E. Cuyler

TITLE

Superintendent

DATE

7-10-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 14 1978

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DISTRIBUTION

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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114 03554

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Caulkins Oil Company	8. FARM OR LEASE NAME Breech "C"
3. ADDRESS OF OPERATOR P.O. Box 780 Farmington, New Mexico	9. WELL NO. 644
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 900' from the North and 1090' from the East	10. FIELD AND POOL, OR WILDCAT South Blanco PC
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 12 26N 6W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6689 Gr	12. COUNTY OR PARISH RioArriba
	13. STATE N Mex

18. 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

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7-14-78 Reached TD 3380'

7-15-78 Ran 4 1/2" 10.5# J-55 new casing to 3380'

Cemented with 500 sacks 50/50 poz, 6% Gel, 12 1/2# Gils per sack followed by 100 sacks Class "B" Neat.

Plug down at 1:30 pm 7-14-78.

Cement circulated to surface.

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

SIGNED Denzys Blaneet

TITLE Prod. Foreman

DATE 7-25-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

AUG 2 1978

*See Instructions on Reverse Side