

Form 1001-0135
November 1983)
(formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

District Bureau No. 1001-0135
Expires August 31, 1985
3. LEASE DESIGNATION AND AERIAL NO.

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.)

NM- 03733
RECEIVED
BLM

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

7. UNIT AGREEMENT NAME
91 JUL -3 PM 1:24

2. NAME OF OPERATOR
Caulkins Oil Company

8. FARM OR LEASE NAME
019 Breach FARMINGTON, N.M.

3. ADDRESS OF OPERATOR
P.O. Box 340 Bloomfield, New Mexico 87413

9. WELL NO.
812

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT
Otero Chacra - Blanco MV - Basin

1493' F/W and 967' F/S

11. SEC., T., R., M., OR ALK. AND
RANGE OR AREA
Section 18, 26N 6W

16. PERMIT NO.
17. ELEVATIONS (Show whether OF, AT, OR, etc.)
6663 GR

12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico

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) ☐
PILL 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 no. Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PURPOSES 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 cones (well-logs to this work).)

Reference to your letter of June 26, 1991:

We hereby ask that approval to commingle zones
in this well be canceled.

RECEIVED
JUL 10 1991
OIL CON. DIV.
DIST. 3

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

SIGNED Charles E. Vargas TITLE Superintendent
(This space for Federal or State office use)

DATE 7-2-91

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE _____

NMOCD

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.