

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
well ☐ 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. See space 17 below.)
AT SURFACE: 1180' F N/L and 1120' F W/L
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)	<input type="checkbox"/>	<input type="checkbox"/>

5. LEASE	SF-079035-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	Breech A
9. WELL NO.	729
10. FIELD OR WILDCAT NAME	South Blanco-PC Otero-Chacra
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA	Section 17 26N 6W
12. COUNTY OR PARISH	Rio Arriba
13. STATE	New Mexico
14. API NO.	
15. ELEVATIONS: (SHOW DF, KDB, AND WD)	6389' Gr.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 5:00 PM August 4, 1979.

Drilled 12 1/4" hole to 136'.

Cemented 8 5/8" casing at 136' with 150 sacks 2% CaCl.

Cement circulated to surface.

Plug down 11:50 PM 8-4-79.

Test surface casing 8-5-79 with 1000# for 30 minutes. No decrease in pressure.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Charles J. Squire TITLE Superintendent DATE 8-8-79

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

