

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 ☐ 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. See space 17 below.)
AT SURFACE: 1555' F/S & 1770' F/E
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

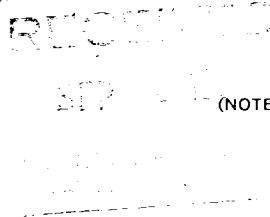
REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Natural test results

SUBSEQUENT REPORT OF:

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

5. LEASE
NM 03551

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Breech E

9. WELL NO.
64M

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde, Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 1 26N 6W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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.)*

8-4-81 Tested Dakota perforations 7548 to 7751 for Natural flow. When tool opened had good blow. After 3 hours gas gauged 180 MCFPD.

8-5-81 Tested Mesa Verde perforations 5030 to 5728 for Natural flow. When tool opened had fair blow. After 3 hours gas gauged 60 MCFPD.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Charles Dwyer TITLE Superintendent DATE August 28, 1981

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

BY [Signature]

