Form 9-331 (May 1963)

## UNITED STATES SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 42-R1424.

(This space for Federal or State office APPROVED BY	ce (ise)	uperintendent	DATE 11-29-74
(Inis space for Federal or State one		iperintendent	DATE 11-29-74
(This area for This area of the Co.	Seguel TITLE ST	uperintendent	DATE 11-29-74
SIGNED OCALLIS O	191 4 11		
11/1/5/	, 1		
18. I hereby certify that the foregoing is	s true and correct		
	0		그 그는 문화학자를 맞힌 평균수통 다
			물 조심 그 등 이 목표를 위한 목표를 받는
			그는 그는 그 중에 불의하다 하는 것이 없다.
			토리 그는 그 회사들을 일회 공개활화 :
			요즘 하는 한 경화 결정으로 다
			물론 사람들은 사람들이 되었다.
			발원학교의 등을 활겨옮겨 다
			<u> </u>
			一人の対象を記る。また
			그는 것 사람은 현황하는 몇 개밖의 민준이다.
			그는 기계 등 기계 등 기계 등 기계 등 기계 등 기계 등 기계
<b>-</b>	- · ·	•	그는 사람이 활동하는 것 말 말하죠?
done during 1975 if	completion equipmen	nt can be purchased.	
			그는 이 사용성호를 가득 취용됐다.
Future plans possib	le Chacra or Mesa Ve	erde recompletion.	This work should be = = = = =
			그는 그렇게 눈됐죠요? 그 항상품의 팀
nent to this work.) *			그는 이렇게 눈학생이 이렇게 무용해 살
17. DESCRIBE PROPOSED OR COMPLETED OPER proposed work. If well is direction	RATIONS (Clearly state all pertiner nally drilled, give subsurface loca	it details, and give pertinent dat tions and measured and true ver	es, including estimated date of starting any tical depths for all markers and zones perti-
(Other) New Mexico OCC r		Completion or Recor	upletion Report and Log form.)
REPAIR WELL CHANGE PLANS (Other)		its of multiple-completion on Well	
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING		ABANDON MENT	
FRACTURE TREAT	IULTIPLE COMPLETE	FRACTURE TREATMENT	ACTURING CASING
	TILL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
NOTICE OF INTENT	•		EQUENT REPORT OF:
16. Check Ap	propriate Box To Indicate N	lature of Notice, Report, or	Other Data: 3 To
	6638 Gr.	<del> ,</del>	Rio Arriba   New Mexico
14. PERSITE NO.		, ma, Uny Clust	
14. PERMIT NO.   15. ELEVATIONS (Show whether DF,		RT. GR. etc.)	Sec. 10 26N 5W 12. COUNTY OR PARISH 13. STATE
1980 from North 660 from West		500 70 26W 6W	
2000 Pm Namble 44	60 from Wort		SURVEY OR AREA
,			11. SEC., T., R., M., OR BLE. AND
At surface		South Blanco Tocito	
Post Office Box 780, Farmington, NewMexico 4. Conacton of well (Report location clearly and in accordance with any State requirements.*			19. FIELD AND POOR, OR WILDCAT
	) Dominaton Maidia	ori aa	157
Caulkins Oil Company 3. Address of Operator			Breech A
2. NAME OF OPERATOR			
WELL WELL OTHER Injection			8. FARM OR LEASE NAME
1. OIL GAS			7. UNIT AGREEMENT NAME
		7 (1)	
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.)			
			6. IF INDIAN, ALLOTTSE OR TRIBE NAME
GEOLOGICAL SURVEY			S F 079035-A
DEPARTM	IENT OF THE INTERI	OR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
DEPARTMENT OF THE INTERIOR (Other Instructions on verse side)		5 IPICE DESIGNATION AND CORE	