Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

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: 990' From North & 1120' From West
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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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.
50-E

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 5   26 North   6 West

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6572.GR.

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐   ☐
FRACTURE TREAT ☐   ☐
SHOOT OR ACIDIZE ☐   ☐
REPAIR WELL ☐   ☐
PULL OR ALTER CASING ☐   ☐
MULTIPLE COMPLETE ☐   ☐
CHANGE ZONES ☐   ☐
ABANDON* ☐   ☐
(other)   Filing extension NTL 2B

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

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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.)*

We hereby request 90 day extension of filing deadline of application
for water disposal pit as required NTL 2B.

Well should be connected to pipeline by Jan. 1, 1983.

This Approval Or Temporary
Abandonment Expires _____

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Superintendent   DATE 11-4-82

APPROVED

(This space for Federal or State office use)

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

JAMES F. SIMS

NMOGC

DISTRICT OIL & GAS SUPL.

*See Instructions on Reverse Side