ABANDON* (other)

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

	Form Approved. Budget Bureau No. 42-R1424
_	5. LEASE
	New Mexico 03553
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
_	7. UNIT AGREEMENT NAME
-	8. FARM OR LEASE NAME
<u> </u> _	Breech D
	9. WELL NO.
_	685E
	10. FIELD OR WILDCAT NAME
-	Basin Dakota Blanco Mesa V
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
-	See 11 26N 6W
l	12. COUNTY OR PARISH 13. STATE
-	Rio Arriba New Mexico 14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6529 Gr
_	012 4 Gt
	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
te	e all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and
di	rectionally drilled, give subsurface locations and
nı	t to this work.)*
	OFFE
	RILLIVA
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	1 .// * &/ # \$

(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.) gas well well other 2. NAME OF OPERATOR Caulkins Oil Company de 3. ADDRESS OF OPERATOR P.O. Box 780, Farmington, New Mexico 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 858 f/s and 927 f/E AT TOP PROD. INTERVAL: Stame AT TOTAL DEPTH: 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**

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertin

Spud 12:01 AM 6-7-82.

Drilled 13 3/4" Hole to 320'.

Ran 9 5/8" 32.30# H-40 Casing to 318'

Cemented with 250 sacks Class "B" Cement, 2% CaCl. Plug down 9:15 AM 6-7-82. Circulated approx 3 bbls. slurry to surface.

Tested 9 5/8" Casing with 600# for 30 Minutes. No

_ TITLE .

Set @ __

decrease. Subsurface Safety Valve: Manu. and Type ___

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

MUCKTLE SIGNED

Supt

DATE 6-9-82

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE

AGREPTED FOR RECORD

*See Instructions on Reverse Side

FARMINGTO' CISTORT

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