

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 03553
2. NAME OF OPERATOR Caulkins Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P O Box 780 Farmington New Mexico 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements. See also space 17 below.) At surface 880' From North and 1028' From West		8. FARM OR LEASE NAME Breech "D"
14. PERMIT NO.		9. WELL NO. 140-M
15. ELEVATIONS (Show whether DR, RT, GR, etc.) 6587 Gr		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Section 11, 26N 6W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Resume Production ☐	
(Other) ☐		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.) *

Dakota Zone resumed production 12-7-84 after being shut-in by
Gas Company of New Mexico for over 90 days.

RECEIVED
DEC 31 1984
OIL CON. DIV.
DIST. 3

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

SIGNED <u>Charles E. Dejean</u>	TITLE <u>Superintendent</u>	DATE <u>12-12-84</u>
(This space for Federal or State office use)		ACCEPTED FOR RECORD
APPROVED BY _____	TITLE _____	DATE <u>DEC 14 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

NMOCC