1. oil

well

ABANDON*

(other)

Form Approved.

DIST. 3

Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR SF-079035-A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME 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.) 8. FARM OR LEASE NAME Breech "A" gas \v other well 9. WELL NO. 2. NAME OF OPERATOR 229-M Caulkins Oil Company 10. FIELD OR WILDCAT NAME Blanco Mesa Verde - Basin Dakota 3. ADDRESS OF OPERATOR P.O. Box 780 Farmington, New Mexico 11. SEC., T., R., M., OR BLK. AND SURVEY OR **AREA** 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Section 17, 26 North, 6 West AT SURFACE: 1120' From North and 890' From Eas 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Same Rio Arriba New Mexico AT TOTAL DEPTH: Same 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6754 GR SUBSEQUENT REPORT OF: **REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF** FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone charge on Form 9–339) UN 2 2 1983 REPAIR WELL .HIN 14 1983 PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** OIL CON. DIV. U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.

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.)*

Spud at 2:00 PM 6-10-83

Drilled 12 1/4" hole to 421'.

Ran new 9 5/8" 36# H-40 Casing to 421'. Cemented surface casing with 300 sacks common cement (354 Cu Ft). Cement circulated to surface. Plug down 4:00 AM 6-11-83

Tested 9 5/8" casing with 1200# for 30 Minutes. No decrease in pressure.

Subsurface Safety Valve: Manu. and Type				Set @	Ft.
18. I hereby certify that t	he foregoing is true and corre	Superintendent	DATE	6-13-83	
	(This space f	for Federal or State office use)			
	TITLE		DATE _		•
CONDITIONS OF APPROVAL	, IF ANY:				roa eescro

*See Instructions on Reverse Side

.HIN 2 1 (98)