

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1001-0135
Expires August 31, 1985
5. LEASE DECONTAMINATION AND AERIAL NO.

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	2. NAME OF OPERATOR Caulkins Oil Company	3. ADDRESS OF OPERATOR P.O. Box 340 Bloomfield, New Mexico 87413	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1120' F/E and 990' F/S	5. PERMIT NO. 6587 GR	6. ELEVATIONS (Show whether OF, AT, OR, ETC.)	7. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde - Basin Dakota	8. COUNTY OF PERMIT Rio Arriba	9. STATE New Mexico
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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREATMENT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PLUG OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion no Well Completion or Recolonization 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 cones of resistance to this work.)

Reference to your letter of June 28, 1991:

We hereby ask that approval to commingle zones
in this well be canceled.

RECEIVED
JUL 10 1991
OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE

Superintendent

DATE

7-2-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOC

*See Instructions on Reverse Side