

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 1733' From North and 1795' From West	8. FARM OR LEASE NAME Breech "D"
14. PERMIT NO.	9. WELL NO. 240-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6469 feet	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde-Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 15, 26 North 6 West
	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

Spud 12 1/4" hole at 1:30 PM 6-28-84

Drilled 12 1/4" hole to 385'.

Ran new 9 5/8" 36# H-40 Casing to 385'

Cemented with 275 sacks (319 Cu.Ft.) Neat Cement containing 2% CaCl.

Plug down 12:35 AM 6-29-84.

10 bbls. cement circulated to surface.

6-29-84 Tested surface Casing with 900# for 30 minutes. No decrease in Pressure.

RECEIVED

JUL 23 1984

OIL CON. DIV.

DIST. 3

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

SIGNED Charles DeGuzman TITLE Superintendent

DATE 6-29-84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE _____

NMOCC

JUL 19 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RY Smm