

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 03551

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "E"

9. WELL NO.

581

10. FIELD AND POOL, OR WILDCAT

Otero-Chacra

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 5 26N-6W

12. COUNTY OR PARISH

13. STATE

Rio Arriba

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐
2. NAME OF OPERATOR
Caulkins Oil Company
3. ADDRESS OF OPERATOR
P.O. Box 780, Farmington, New Mexico 87401
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1925 from the South and 720 from the West
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6668 DF.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

Original plans were to start recompletion work approx. Sept. 1, 1975.

Recompletion work now has been postponed until approx May 1, 1976.

12-31-76

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

SIGNED

Charles E. Corgan

TITLE

Superintendent

DATE

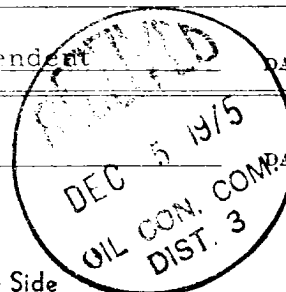
12-1-75

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side