

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other <u>Dual</u> b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <u>Commingle</u>										7. UNIT AGREEMENT NAME					
2. NAME OF OPERATOR Caulkins Oil Company										8. FARM OR LEASE NAME Breech E					
3. ADDRESS OF OPERATOR P.O. Box 780, Farmington, New Mexico										9. WELL NO. 58					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 790' F N/L and 840' F E/L At top prod. interval reported below Same At total depth Same										10. FIELD AND POOL, OR WILDCAT Blanco MV-Basin Dakota					
14. PERMIT NO. DATE ISSUED										11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Section 3 26N 6W					
15. DATE SPUDDED 9-30-59		16. DATE T.D. REACHED 11-15-59		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6565' KB..		19. ELEV. CASINGHEAD 6565'							
20. TOTAL DEPTH, MD & TVD 7700'		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY → 0-7700'		ROTARY TOOLS CABLE TOOLS							
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4824-7551										25. WAS DIRECTIONAL SURVEY MADE NO					
26. TYPE ELECTRIC AND OTHER LOGS RUN No new logs run										27. WAS WELL CORED NO					
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
10 3/4"				252'		15 1/4"		200 sacks							
5 1/2"				7700'		7 7/8"		855 sacks							
29. LINER RECORD												30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
										1 1/4"		7285'			
31. PERFORATION RECORD (Interval, size and number) No Change								32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
								DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED					
								No new treatment							
33.* PRODUCTION															
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)										WELL STATUS (Producing or shut-in)			
DATE OF TEST 6-27-79		HOURS TESTED 24 Hrs.		CHOKE SIZE		PROD'N. FOR TEST PERIOD →		OIL—BBL. 343 MCF		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE →		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold to Gas Company of New Mexico												TEST WITNESSED BY			
35. LIST OF ATTACHMENTS															

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

Superintendent

DATE 6-27-79

*** (See Instructions and Spaces for Additional Data on Reverse Side)**