

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1001-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND ACREAL NO.

NM 03551

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "E"

9. WELL NO.

64

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde-Basin Dakota

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

Section 1, 26N - 6W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

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.)

OIL WELL ☐ GAS WELL ☒ OTHER ☐

1. NAME OF OPERATOR

Caulkins Oil Company

2. ADDRESS OF OPERATOR

P.O. Box 780 Farmington, New Mexico

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

900' F/E and 890' F/N

4. PERMIT NO.

15. SIZATIONS (Show whether OF, AT, CR, etc.)

6612 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(NOTE: Report results of multiple completion or Well Completion or Recompletion Report and Log form.)

6. DESCRIBE PURPOSE OF COMPLETION 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 pertinent to this work.)

9-14-87 Pulled 1 1/4" tubing from 7410'.

Removed plugged perforated joint.

Re-run 1 1/4" NU 10rd thd V-55 Smls tubing to 7362'.

SEP 16 AM 10:25

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

SEP 21 1987
OH-CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Superintendent

DATE

9-15-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side