

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 03381

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "B"

9. WELL NO.

172

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Section 7, 26 North 6 West

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, SL, or PL)

6400 GR

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

12. COUNTY OR PARISH

13. STATE

Rio Arriba

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

FRACTURE TREAT

SHOOT OR ACIDISE

REPAIR WELL

(Other)

See below

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 cones pertinent to this work.)*

12-2-86

Well would not flow. Ran Swab and found fluid level
at approx 2000'. All water. This indicates casing leak.

Temperature survey shows original cement top at 2300'.
Alamo sand 1955' to 2210'.

We propose to run packer then swab in and test well to
see if it will come back before proceeding with repairs.

Request test period be from present to 6-1-87.

Rig to run packer promised for 12-4-86.

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

SIGNED

Charles E. Dwyer

TITLE

Superintendent

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

12-2-86

DATE

John S. Keller
FARMINGTON

*See Instructions on Reverse Side

NM000