

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUMMARY IN TRILINGUATE
(Other instructions on re-
verse side)

DATE APPROVED
SEP 27 1974

5. LEASE DESIGNATION AND SERIAL NO.

ME 03551

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breach E

9. WELL NO.

564

10. FIELD AND POOL, OR WILDCAT

South Blanco

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

1 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

Post Office Box 780, Farmington, New Mexico

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

1100

1110' from North and 790 from East of Sec. 1 26N 6W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

6613 DF

16. 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

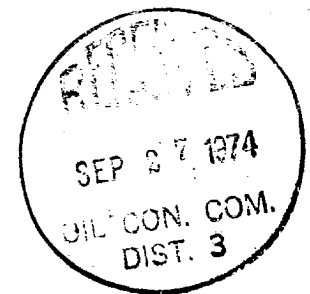
ABANDONMENT*

(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.)*

Sud in at 4:00 PM 9-20-74. Drilled to TD 118'. Cemented 8 5/8" 28# BW Casing at 118' with 100 sacks. Cement contained 2% CACL. Cement did circulate to surface. Plug down 10:30 PM 9-20-74.

Tested surface casing with 500# for 30 minutes. No decrease in pressure.



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

SIGNED

Charles Dargatzis

TITLE

Superintendent

DATE

9-19-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side