

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(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.

564

10. FIELD AND POOL, OR WILDCAT

South Blanco

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

1 26N 6W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mexico

1. OIL ☐ GAS ☒ OTHER  
WELL WELL

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, GR, etc.)

6613 DF

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON\* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) ☐

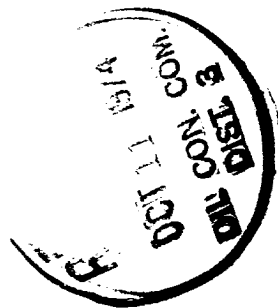
## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒REPAIRING WELL ☐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.)\*

TD 3400' . Ran 3 1/2" EUE Tubing for Pruduction String as follows:

0 to 3400' 110 joints. 3 1/2" EUE 8rd 9.30# J-55 Smls.

Cemented with 200 sacks Lodense cement followed with 50 sacks neat. Plug down  
7:30 A.M. 9-25-74.

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

SIGNED

*Charles E. Wagner*

TITLE

Superintendent

DATE

10-3-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side