

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(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

XXXXXX

8. FARM OR LEASE NAME

Breech E

9. WELL NO.

55

10. FIELD AND POOL, OR WILDCAT

South Blanco

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

Section 3 26N 6W

14. PERMIT NO.

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

657X 6569 Ground

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:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

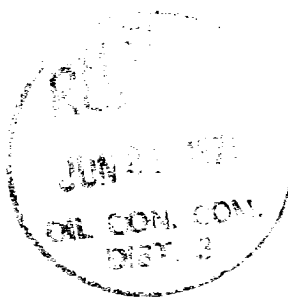
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

Spud at 10:30 AM 6-9-76.

Drilled 12 1/4" hole to 100'. Cemented 8 5/8" 24# J-55 Casing at 100' with 125 sacks, 2% CaCl. Plug down 1:30 PM 9-6-76. Cement circulated to surface.

Tested surface casing with 600# for 30 Minutes. No decrease in pressure. Above test 6-10-76 at 1:00 PM.



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

SIGNED

TITLE

Superintendent

DATE

6-13-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side