

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

REMIT IN TRIPLICATE
(Other instructions on reverse side)

Expires August 31, 1985
5. LEASE DESIGNATION AND AERIAL NO.

SF-079186

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "E"

9. WELL NO.

50-E

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde - Basin Dakota

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

Section 5, 26 North 6 West

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 or to alter or repair wells. Use "APPLICATION FOR PERMIT" for such proposals.)

OIL WELL ☐ GAS WELL ☒ OTHER

OCT 01 1986

2. NAME OF OPERATOR

Caulkins Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 780 Farmington, New Mexico 87499

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

990' F/N and 1120' F/W

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, GA, etc.)

6572 GR

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)

PLUG OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

17. DESCRIBE PROMISED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)

9-21-86 Packer Tests run this date show communications between zones.

Repairs are scheduled to commence 10-1-86.

No new surface to be disturbed.

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

SIGNED

Charles E. DeGuer

TITLE Superintendent

DATE 9-29-80

(This space for Federal or State Office Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

John S. Kelly

*See Instructions on Reverse Side