UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF 079035 A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plus back to a different	
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas 🔀 other	Breech A 9. WELL NO.
2. NAME OF OPERATOR	136 E
Caulkins Oil Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P. O. Box 780, Farmington, New Mexico	11. SEC., T., R., M., OR BLK. AND SURVEY OF
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660 from South & 1980 from East	AREA Section 10 26 N 6 W
AT SURFACE: Same AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: Same	Rio Arriba New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6491 Gr.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	(50.6)
TEST WATER SHUT-OFF	CCLINCK
SHOOT OR ACIDIZE	/ RIFLIATO /
REPAIR WELL	(NOTE: Report results of multiple completion en zone
PULL OR ALTER CASING	(NOTE: Report results of multiple completions zone change on Form 9 sar 8
CHANGE ZONES	OIL CON. COM.
ABANDON*	DIST 3
(other) Reperforate	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent	irectionally drilled give subsurface locations and
8-13-81 Perforated 4 .42 holes 7368-7369	
8-19-81 Fractured Dakota perforations 7146 to 7376	with 60,000# 20-40 sand and
1125 bbls. cross link fluid.	5 7000 7076
9-4-81 Ran tubing with packers then fractured per	
60,000# 20-40 sand and 1305 bbls cross lin	
11-2-81 Ran 2 3/8" 4.7# 8rd thd. J-55 tubing to 73	0/8 With 4 1/2 Model R
Baker packer set at 6735. Ran 1 1/4" 2.3# IJ tubing to 5450.	
12-1-81 Well now on line to Gas Company of New Mex	ri co
In a serie to the contract of the tree	
	en e
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and correct	
Superint and a	December 1 1007

(This space for Federal or State office use) __ DATE ____

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

DEC 07 1981

NMOCC

_____ TITLE _

FARMINGTON DISTRICT BY ______ 3~~