

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT 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

8. FARM OR LEASE NAME

Breech E

9. WELL NO.

51

10. FIELD AND POOL, OR WILDCAT

South Blanco-Undes Chac

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

Section 4 26 N 6W

12. COUNTY OR PARISH

13. STATE

Rio Arriba New Mex.

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

1190 from the North and 990 from the West.

14. PERMIT NO.

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

6540 Ground

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.)\*

6-28-76 - Drill to TD 4020'.

Ran ES Induction log.

Ran 4 1/2" 10.5# Casing to 4020' and cemented with 533 sacks  
65-35-12 Gel cement followed by 235 sacks Neat. Plug down 8:30  
AM 6-29-76. Cement circulated to surface.

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

SIGNED

*Charles D. ...*

TITLE

Superintendent

DATE

7-3-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: