

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 03553

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech D

9. WELL NO.

137

10. FIELD AND POOL, OR WILDCAT

South Blanco PC

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

Sec. 11 26N 6W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mex.

1. OIL ☐ GAS ☒
WELL 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

850 from the North and 870 from the East

14. PERMIT NO.

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

6604 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) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

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.)

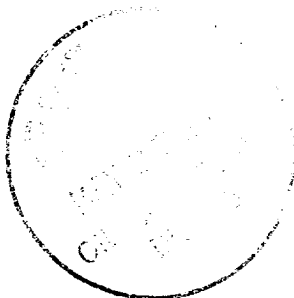
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Spud 4:30 PM 5-11-77.

Drilled 12 1/2" hole to 106'.

Cemented 8 5/8" 24# J-55 casing at 106' with 100 sacks class B Cement containing 2% CaCl. Plug down at 8:10 PM 5-11-77. Cement circulated to surface.

Tested surface casing with 600# for 30 Minutes. No decrease in pressure.



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

SIGNED

Charles E. Meyer

TITLE

Superintendent

DATE

5-18-77

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side