

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM-03553	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☒ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Caulkins Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 780 Farmington, New Mexico		8. FARM OR LEASE NAME Breech D	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 900 F/N and 900 F/E		9. WELL NO. 346	
At top prod. interval reported below Same		10. FIELD AND POOL, OR WILDCAT Otero Chacra	
At total depth Same		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Section 22 26N 6W	
14. PERMIT NO.		12. COUNTY OR PARISH Rio Arriba	
DATE ISSUED		13. STATE New Mexico	
15. DATE SPUDDED 3-21-78	16. DATE T.D. REACHED 4-11-78	17. DATE COMPL. (Ready to prod.) 8-25-80	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6689 GR
19. ELEV. CASINGHEAD 6689		20. TOTAL DEPTH, MD & TVD 7620	
21. PLUG, BACK T.D., MD & TVD 7509		22. IF MULTIPLE COMPL., HOW MANY* Three	
23. INTERVALS DRILLED BY 0-7620		24. PRODUCING INTERVAL(S), OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD)* 3946 to 4035 (Chacra)	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN E. S. Induction	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.	

* (See Instructions and Spaces for Additional Data on Reverse Side)

ACCEPTED FOR RECORD

SIGNED [Signature] TITLE Superintendent DATE 9-30-80

OCT 8 1980

FARMINGTON DISTRICT

BY [Signature]

NMOCC

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.
Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

Cementing details filed previously

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING 38. GEOLOGIC MARKERS
DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
			This information filed previously			