

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

SF 079035-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech "A"

9. WELL NO.

157

10. FIELD AND POOL, OR WILDCAT

Undes Gallup

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

Sec. 10 26N-6W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Caulkins Oil Company

3. ADDRESS OF OPERATOR
P. O. 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

1980 from the North and 660 from the West

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6638 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 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.)*

Original plans were to start recompletion work approx. July 20, 1975.

Recompletion work now has been postponed until approx. May 1, 1976.

TEMPORARY PERMIT
EXPIRES 12-31-76

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

SIGNED Charles E. Dejean TITLE Superintendent DATE 12-1-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

St.

*See Instructions on Reverse Side

