5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

	SF 0/9035A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas well other	Breech A
Well Other	9. WELL NO.
2. NAME OF OPERATOR	(682E)
Caulkins Oil Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
To 0	Undes Gallup
P.O. Box 780 Farmington, New Mexico 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA
AT CUREAGE	Sec. 10 26 North 6 West
AT TOP PROD. INTERVAL: Same	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	1.
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6638' Gr.
TEST WATER SHUT-OFF FRACTURE TREAT	<u>.</u>
SHOOT OR ACIDIZE REPAIR WELL	And the same of th
PULL OR ALTER CASING AUGUST AU	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE AUGUST	500 ON 101111 9=530.)
ABANDON* \(\beta\) \(\beta\) \(\beta\) \(\beta\) \(\beta\) \(\beta\) \(\beta\) \(\beta\) \(\beta\)	
(other) Abandon Gallup zone. FARMINGTON.	SHRVEY GERA
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dir measured and true vertical depths for all markers and zones pertinent Old number 157.	to this work.)*
Set 7" Cement Retainer at 6508' with 2 3/8" to	·
perforations 6631 to 6679 with 50 sacks Neat (Cement. 5:00 PM 8-22-81.
Loaded hole with 9.1# Mud. Now ready to whips	SEP 2 - 1981 OIL CON. COM. DIST 3
Subsurface Safety Valve: Manu. and Type	Set @Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED COLUMNIE Superintende	nt DATE August 25, 1981
(This space for Federal or State office	use)
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
	and the state of
*See Instructions on Reverse Side	• 1 <u>9</u> 01

NMOCC

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