REPORT, OR OTHER DATA

New Mexico

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE NM 03551
	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.) 1. oil gas well other 2. NAME OF OPERATOR	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME Breech E
	9. WELL NO. 50 E
Caulkins Oil Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota Blanco Mesa Verde
P.O. Box 780 Farmington, New Mexico	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 5 26 North 6 West

12. COUNTY OR PARISH 13. STATE

Rio Arriba

14. API NO.

Caulkins Oil Company 3. ADDRESS OF OPERATOR P.O. Box 780 Farmington, New Mexico 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 990 from North and 1120 from West. Same AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

15. ELEVATIONS (SHOW DF, KDB, AND WD) 6572 GR.

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE OCT 14 1982(NOTE: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE U. S. GEOLOGICAL SURVEY FARMINGTON: N. M. CHANGE ZONES ABANDON* Regarding delinquint report NTL 2B application. (other)

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.)*

Well completed ready to produce 9-22-82.

Well now shut in waiting on pipeline connection.

Gas Company of New Mexico report they expect to have Mesa Verde zone tied in by 1-1-83.

El Paso Natural Gas Company report they expect to have Dakota Zone tied in 12-1-82.

Subsurface Safety Valve: Manu. and Type _____ __ Set @ _____ Ft. 18. I hereby certify that the foregoing is true and correct 10-12-82 Superintendent _ DATE _ SIGNED 1 (This space for Federal or State office use) _ TITLE ___ ___ DATE ___ APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

