

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 <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <u>Dual Complete</u>
2. NAME OF OPERATOR <u>Caulkins Oil Company</u>							
3. ADDRESS OF OPERATOR <u>P.O. Box 780, Farmington, New Mexico</u>							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>990 F N/L and 990 F E/L</u> At top prod. interval reported below <u>Same</u> At total depth <u>Same</u>							
14. PERMIT NO.				DATE ISSUED <u>10-02-1979</u>			
15. DATE SPUDDED <u>2-25-59</u>				16. DATE T.D. REACHED <u>3-21-59</u>		17. DATE COMPL. (Ready to prod.) <u>10-5-79</u>	
18. ELEVATIONS (DF, RKB, RT, CR, ETC.)* <u>6616 KB</u>				19. ELEV. CASINGHEAD <u>6604</u>			
20. TOTAL DEPTH, MD & TVD <u>7749</u>		21. PLUG, BACK T.D., MD & TVD <u>7632</u>		22. IF MULTIPLE COMPL., HOW MANY* <u>3</u>		23. INTERVALS DRILLED BY <u>→</u>	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <u>3180 to 3224</u>						25. WAS DIRECTIONAL SURVEY MADE <u>No</u>	
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>No New Logs Run</u>						27. WAS WELL CORED <u>NO</u>	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
10 3/4		32.75#		147		15	
7 5/8		26.40#		4662		9 7/8	
5 1/2		15.5#		7728		6 3/4	
CEMENTING RECORD		AMOUNT PULLED					
125		None					
375		None					
140		None					
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD		PACKER SET (MD)					
SIZE		DEPTH SET (MD)		1			
3157		4600					
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
No Changes				DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
				No New Treatment			
33.* PRODUCTION							
DATE FIRST PRODUCTION <u>10-5-79</u>		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <u>Flowing</u>					
DATE OF TEST <u>10-9-79</u>		HOURS TESTED <u>24 hrs</u>		CHOKE SIZE <u>3/8</u>		PROD'N. FOR TEST PERIOD <u>→</u>	
FLOW, TUBING PRESS. <u>236</u>		CASING PRESSURE <u>249</u>		CALCULATED 24-HOUR RATE <u>→</u>		OIL—BBL. <u>39</u>	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) <u>Sold to Gas Company of New Mexico</u>		TEST WITNESSED BY					
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <u>Charles Vergara</u>		TITLE <u>Superintendent</u>				DATE <u>10-29-79</u>	

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

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1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other						
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	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)*		At surface 990 F N/L and 990 F E/L At top prod. interval reported below Same At total depth Same									
14. PERMIT NO.		DATE ISSUED									
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD			
2-25-59		3-21-59		10-5-79		6616 KB		6604			
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*			
7749		7632		3				4844 to 5527			
26. TYPE ELECTRIC AND OTHER LOGS RUN		No New Logs Run					27. WAS WELL CORED		No		
23. CASING RECORD (Report all strings set in well)		Casing Size					Weight, lb./ft.				
10 3/4		32.75#					Depth Set (MD)				
7 5/8		26.40#					Hole Size				
5 1/2		15.5#					Cementing Record				
							Amount Pulled				
							None				
							None				
							None				
29. LINER RECORD		Size					Top (MD)				
							Bottom (MD)				
							Sacks Cement*				
							Screen (MD)				
							Tubing Record				
							Size				
							Depth Set (MD)				
							Packer Set (MD)				
							2 3/8				
							7508				
							4600				
31. PERFORATION RECORD (Interval, size and number)		No Changes					32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				
							Depth Interval (MD)				
							Amount and Kind of Material Used				
							No New Treatment				
33.* PRODUCTION		Date First Production					Production Method (Flowing, gas lift, pumping—size and type of pump)				
		10-5-79					Flowing				
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		Date of Test					Hours Tested				
		10-26-79					24 hrs				
		Flow. Tubing Press.					Casing Pressure				
		234					PKR				
		Calculated 24-hour Rate					Oil—BBL.				
							Gas—MCF.				
							Water—BBL.				
							Oil Gravity-API (CORR.)				
							344				
							TEST WITNESSED BY				
35. LIST OF ATTACHMENTS		Sold to Gas Company of New Mexico									
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED					TITLE				
		Charles Vergun					Superintendent				
		DATE					10-29-79				

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5. LEASE DESIGNATION AND SERIAL NO.

NM-03547

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Breech F

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Section 34 27N 6W

12. COUNTY OR  
PARISH

Rio Arriba

13. STATE

New Mexico

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other \_\_\_\_\_b. TYPE OF COMPLETION:  
NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other Commingle

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)

At surface 990 F N/L and 990 F E/L

At top prod. interval reported below

Same

At total depth Same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

2-25-59

16. DATE T.D. REACHED

3-21-59

17. DATE COMPL. (Ready to prod.)

10-5-79

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\*

6616 KB

19. ELEV. CASINGHEAD

6604

20. TOTAL DEPTH, MD &amp; TVD

7749

21. PLUG, BACK T.D., MD &amp; TVD

7632

22. IF MULTIPLE COMPL.,  
HOW MANY\*

3

23. INTERVALS  
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

7392 to 7614

25. WAS DIRECTIONAL  
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

No New Logs Run

27. WAS WELL CORED

No

29. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10 3/4	32.75#	147	15	125	None
7 5/8	26.40#	4662	9 7/8	375	None
5 1/2	15.5#	7728	6 3/4	140	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	7508	4600

31. PERFORATION RECORD (Interval, size and number)

No Changes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
No New Treatment	

33.\* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
10-5-79		Flowing					Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
10-26-79	24 hrs	7/8	→		344			
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY—API (CORR.)		
234	PKR	→		344				

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold to Gas Company of New Mexico

TEST WITNESSED BY

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

Superintendent

DATE 10-29-79

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