

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

5. Lease

NMNM-03553

RECEIVED

**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)

6. If Indian, Allottee or Tribe Name

7. Unit Agreement Name

8. Well Name and No.

1. Oil Well  Gas Well  Other   
GAS WELL

9. API Well No.

2. Name of Operator:

**Caulkins Oil Company**

10. Field and Pool, Exploratory Area

3. Address of Operator: (505) 632-1544

**P.O. Box 340, Bloomfield, NM 87413**

4. Location of Well (Footage, Sec., Twp., Rge.)

900' F/N 900' F/E SEC. 22-26N-6W

11. Country or Parish, State

Rio Arriba Co., New Mexico

**12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Replace tubing	<input type="checkbox"/> Dispose Water

17. Describe Proposed or Completed Operations:

- 8-1-03 Rigged up.  
T. O. H. laying down 1 1/4" tubing.
- 8-4-03 T. I. H. with packer plucker on new 2 3/8" tubing.  
Milled up model "D" packer.  
T. O. H. with packer plucker and fish.  
T. I. H. with 4 3/4" bit.
- 8-5-03 Cleaned out to 7498' with air package.  
T. O. H. with bit.  
T. I. H. with new 2 3/8" production tubing.  
Landed tubing on doughnut at 7432'.



NOTE: The format is issued in lieu of U.S. BLM Form 3160-5

18. I HEREBY CERTIFY THE FOREGOING IS TRUE AND CORRECT

SIGNED: Robert L. Verquer TITLE: Superintendent DATE: \_\_\_\_\_  
ROBERT L. VERQUER

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY

