

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

5. Lease

SF-079035-A

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.

BREECH "A" 204-M

1. Oil Well ☐ Gas Well ☐ Other ☐  
GAS WELL

2. Name of Operator:

Caulkins Oil Company

9. API Well No.

300390658200-T2

3. Address of Operator:

(505) 632-1544

P.O. Box 340, Bloomfield, NM 87413

10. Field and Pool, Exploratory Area

DAKOTA, MESA VERDE, CHACRA

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

1980' F/S 660' F/W, SEC. 9-26N-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 Pulled tubing	<input type="checkbox"/> Dispose Water

17. Describe Proposed or Completed Operations:

7-30-94 Rigged up workover rig.

Pulled 2 3/8" tubing with packer.

Ran 2 3/8" tubing with 3 7/8" bit, cleaned out to 7370'.

Re-ran 2 3/8" tubing to 7265' with packer set at 4097'.

Reverse flow check valve immediately above packer.

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: 10/24/94  
ROBERT L. VERQUER

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: OCT 28 1994

CONDITIONS OF APPROVAL, IF ANY

FARMINGTON DISTRICT OFFICE