5. Lease UNITED STATES NMSF-079035-A DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 6. If Indian, Allottee or Tribe Name SUNDRY NOTICES AND REPORTS ON WELLS 7. Unit Agreement Name (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) 8. Well Name and No. 1. Oil Well [] Gas Well [] Other [] **GAS WELL** BREECH "A" 132 2. Name of Operator: 9. API Well No. 30-039-06635-00S1 Caulkins Oil Company 10. Field and Pool, Exploratory Area 3. Address of Operator: (505) 632-1544 P.O. Box 340, Bloomfield, NM 87413 **BASIN DAKOTA** 11. Country or Parish, State 4. Location of Well (Footage, Sec., Twp., Rge.) 660' F/N 760' F/E SEC. 9-26N-6W Rio Arriba Co., New Mexico 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION TYPE OF SUBMISSION [] Change of Plans [X] Notice of Intent [] Abandonment []Recompletion [] New Construction [] Non-Routine Fracturing [] Plugging Back [] Subsequent Report [X] Casing Repair if needed [] Water Shut-Off [] Altering Casing Conversion to Injection [] Final Abandonment Notice [] Dispose Water [X] Other Inspect & Replace Tubing 17. Describe Proposed or Completed Operations: Tests conducted on this well indicated that tubing is partially plugged on bottom. 2-8-00 We intend to T.O.H. with 2 3/8" tubing and 4 1/2" R-3 packer from 7280'. Packer set in 4 1/2" casing at 6616'; top of liner 6408'; 7" casing surface to 6670'. T.I.H. with retrievable bridge plug to 6650'. Test casing to 1000#. If casing leak is found it will be repaired and federal and state agencies will be notified prior to cementing procedures. T.O.H. with retrievable bridge plug. T.I.H. with 2 3/8" tubing to approximately 7400' and land on doughnut. Nipple up wellhead, rig down and move. No new surface will be disturbed, location area will be cleaned up when workover operations are completed. Estimated starting date, March 6, 2000. 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 I Vergu TITLE: Superintendent DATE: February 8, 2000 ROBERT L. VERQUER APPROVED BY: 18: CANADA TITLE: DATE: CONDITIONS OF APPROVAL, IF ANY