

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

WELL APT NO. 30-039-06662	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. E29138	
7. Lease Name or Unit Agreement Name STATE COM	
8. Well No. 113	
Pool Name or Wildcat DAKOTA, TOCITO	
10. Elevation (Show Whether DF, RKB, RT, GR, etc.) 6620 GR	
NOTICE OF INTENTION TO: Perform Remedial Work <input type="checkbox"/> Plug and Abandon <input type="checkbox"/> Temporarily Abandon <input type="checkbox"/> Change Plans <input type="checkbox"/> Pull or Alter Casing <input type="checkbox"/> Multiple Completion <input type="checkbox"/> Other: _____ <input type="checkbox"/>	SUBSEQUENT REPORT OF: Remedial Work <input type="checkbox"/> Altering Casing <input type="checkbox"/> Commence Drilling Opns. <input type="checkbox"/> Plug and Abandonment <input type="checkbox"/> Casing Test and Cement Job <input type="checkbox"/> Other: <u>Commingling</u> [X]

1. Type of Well
Oil Well ☐ Gas Well ☐ Other ☐

2. Name of Operator
Caulkins Oil Company

3. Address of Operator
P.O. Box 340, Bloomfield, NM 87413

4. Well Location
Unit Letter M : 990' feet from the South line and 990' feet from the West line
2 Section 26N Township 6W Range NMPM Rio Arriba County

12. Describe Proposed or Completed Operations

- 10-21-02 Rigged up.
 T. O. H. with 2 3/8" tubing.
 T. I. H. with 4 3/4" bit on 2 3/8" tubing.
 Drilled out cast iron bridge plug set at 6950'.
- 10-22-02 Cleaned out to 7590' with air package.
 T. O. H. with bit.
 T. I. H. with 2 3/8" production tubing.
 Landed tubing on doughnut at 7502'.
 Rigged down.
 Well now commingled Dakota - Tocito.



NOTE: This format is in lieu of State Form C-103.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Robert L. Verquer
ROBERT L. VERQUER

TITLE Superintendent DATE October 30, 2002
Ph. (505) 632-1544

(This space for State Use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: