Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

District Office	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION I	DIVISION WELL API NO.
DISTRICT II Santa Fe New Mexico, 8750	30039671702 D1
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III	5. Indicate Type of Lease  STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. E-291-17
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR P DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	LUG BACK TO A  7. Lease Name or Unit Agreement Name
1. Type of Well: OR. GAS WELL GAS WELL X OTHER	State "A"
2. Name of Operator	8. Well No.
Caulkins Oil Company 3. Address of Operator	9. Pool name or Wildcat
P.O. Box 340, Bloomfield, New Mexico	
4. Well Location  Unit Letter A: 1190 Feet From The North	Line and 1190 Feet From The East Line
Section 2 Township 26 North Range	6 West NMPM Rio Arriba County
10. Elevation (Show whether DF, Rd	(B, RT, GR, etc.)
Challe American Pour Latine No.	
Check Appropriate Box to Indicate Nature NOTICE OF INTENTION TO:	subsequent report, or Other Data Subsequent report of:
PERFORM REMEDIAL WORK PLUG AND ABANDON REP	MEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEMENT JOB	
	HER: Removed Tubing Obstruction X
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details, and give work) SEE RULE 1103.</li> </ol>	pertinent dates, including estimated date of starting any proposed
10-8-92 Pulled Tubing, found bottom joints to	o be plugged with Barium Sulfate.
Replaced 3 joints on bottom, re-ran	tubing to 7484', set packer at 5498'.
No new surface disturbed.	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.	- •
SIGNATURE Robert I Verguer TITLE	Assistant Superintendent 10/22/92
TYPEOR PRINT NAME Robert L. Verquer	TELEPHONE NO. 632-1544
(This space for State Use)	007 36 <b>10</b> 3
APPROVED BY Original Signed By FERRIA 1978 TITLE	SUPERVICE LIMITEROVES DATE 007 26 199