Form 3160-5 UNITED STATES SUBMIT IN TRIPLICATES Formerly 9-331) DEPARTMENT OF THE INTERIOR verse alde) BUREAU OF LAND MANAGEMENT				5. LEASE DESIGNATION AND SERIAL NO. NM 03554		
	NDRY NOTICES AND REP			6. IF INDIAN, ALLOTT	EE OR TRIBE NAME	
:	RECEIVED				7. UNIT AGREEMENT NAME	
OIL GAS WELL 2. NAME OF OPERATOR	<u> </u>			8. FARM OR LEASE NAME		
	Caulkins Oil Company BUREAU OF LAND MANAGEMENT				Breech "C"	
2. ADDRESS OF OFFICE APES				9. WELL NO.		
P.O. Box 780 Farmington, New Mexico 87499 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				689		
See also space 17 be	clow.)		10. FIELD AND POOL, OR WILDCAT			
1850' F/S and 790' F/W				Blanco Mesa Verde - Basin D		
14. PERMIT NO.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)			Section 12, 26 North 6 West 12. COUNTY OR PARISH 13. STATE		
6601		601 KB		Rio Arriba New Mexico		
16.	Check Appropriate Box To I	ndicate Na	ture of Notice, Report, or	Other Data		
	NOTICE OF INTENTION TO:	1		EQUENT EMPORT OF:		
TEST WATER SEUT-	OFF PULL OR ALTER CASING		W.775 8220 000			
FRACTURE TREAT	MULTIPLE COMPLETE		WATER SHUT-OFF FRACTURE TREATMENT	ALTERING	<u> </u>	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONM		
REPAIR WELL	CHANGE PLANS		(Other)			
(Other) Commingling Application (Note: Report results				its of multiple completion	s of multiple completion on Well pletion Report and Log form.)	
17. DESCRIBE PROPUSED C proposed work. I nent to this work.)	OR COMPLETED OPERATIONS (Clearly state If well is directionally drilled, give subs	all pertinent surface location	details and store a store a dea	(1-1		
It is prant and salv	roposed to pull 1 1/4" t vage same.	ubing, u	sed to produce Mes	sa Verde Zone se	t at 5440'	
1 1/4"	Tubing used to produce D	Oakota Zo	one, set at 7515' w	vill be pulled w	ith Packer.	
Baker Cl	will be redressed as nec heck Valve on bottom to ith reverse flow Check V ion.	prevent	back flow. Baker	redressed Packe	er set at	
New Mexi report.	ico Commission approval	order nu	mber, will be furn	ished with reco	mpletion	
Estimat	ed starting time August	1, 1985.	• • •	JE SIN	E 17	

Dakot

18. 1 hereby certify that the foregoing is true and correct

SIGNED CALLES CALLES TITLE Superintendent

OATE 7-9-85

(This space for Federal or State office of the Conditions of Approval, IF ANY:

TITLE DATE AREA MANAGER FARMINGTON RESCURCE AREA

*See Instructions on Reverse Side