

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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)

5. Lease

NM-03583
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BLM

6. If Indian, Allottee or Tribe Name

7. Well Record No. 070 FARMINGTON, NM
BREECH "D" 341-M

1. Oil Well [] Gas Well [] Other []
GAS WELL

2. Name of Operator:

Caulkins Oil Company

9. API Well No.

300392323400-D1

3. Address of Operator:

(505) 632-1544
P.O. Box 340, Bloomfield, NM 87413

10. Field and Pool, Exploratory Area

BASIN DAKOTA, MESA VERDE

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

1850' F/N 1800' F/W, SEC. 21-26N-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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Pull Tubing</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

13. Describe Proposed or Completed Operations:

5-23-94 Tests conducted on this well indicate that tubing is partially plugged.

We intend to pull tubing and remove obstruction.

Approval for a small flare pit is requested during workover operations.

No new surface will be disturbed, location area and pit will be cleaned-up and covered when work is completed.

Estimated starting date - August 11, 1994.

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JUN 13 1994

OIL CON. DIV.
DIST. 3

NOTE: The format is issued in lieu of U.S. BLM Form 3160-5

14. I HEREBY CERTIFY THE FOREGOING IS TRUE AND CORRECT

SIGNED: Robert L. Verquer TITLE: Superintendent DATE: 05/24/94
ROBERT L. VERQUER

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY

APPROVED
JUN 08 1994
SUPERVISOR