

<b>UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT</b>		5. Lease  <div style="text-align: right;">NMNM-03733</div>
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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)		6. If Indian, Allottee or Tribe Name  7. Unit Agreement Name
1. Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> <div style="text-align: center;">GAS WELL</div>		8. Well Name and No.  <div style="text-align: center;">BREECH 354</div>
2. Name of Operator:  <div style="text-align: center;">Caulkins Oil Company</div>		9. API Well No.  <div style="text-align: center;">30-039-20914-00-C1</div>
3. Address of Operator:                      (505) 632-1544 <div style="text-align: center;">P.O. Box 340, Bloomfield, NM 87413</div>		10. Field and Pool, Exploratory Area <div style="text-align: center;">OTERO CHACRA, PICTURED CLIFF</div>
4. Location of Well (Footage, Sec., Twp., Rge.) 1850' F/N 790' F/E,              SEC 24-26N-7W		11. Country or Parish, State <div style="text-align: center;">Rio Arriba Co., New Mexico</div>
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent  <input checked="" type="checkbox"/> Subsequent Report  <input type="checkbox"/> Final Abandonment Notice	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Abandonment  <input type="checkbox"/> Recompletion  <input type="checkbox"/> Plugging Back  <input type="checkbox"/> Casing Repair  <input type="checkbox"/> Altering Casing  <input checked="" type="checkbox"/> Other <u>Pull Tubing</u> </div> <div style="width: 45%; text-align: right;"> <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           </div> </div>	
17. Describe Proposed or Completed Operations:  <div style="margin-left: 40px;">           7-14-97      Rigged up.             T.O.H. with 1 1/4" tubing.             Found swab jars hung in bad joint at approximately 1800'.             Re-ran 1 1/4" tubing, landed on head.             Rigged down and moved.         </div>		
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: <u>Robert L. Verquer</u> TITLE: <u>Superintendent</u> DATE: <u>07/24/97</u> <div style="text-align: center;">ROBERT L. VERQUER</div>		
APPROVED BY: _____ TITLE: _____ DATE: _____  CONDITIONS OF APPROVAL, IF ANY		

**ACCEPTED FOR RECORD**

AUG 06 1997

SARMINOTON DISTRICT OFFICE