|  |                          | I 5. Lease                           |                          |
|--|--------------------------|--------------------------------------|--------------------------|
| UNITED STATES  |                          |                                      |                          |
| UNITED STATES NMMM-03553   |                          |                                      |                          |
| DEPARTMENT OF THE INTERIOR RECEIVED  BUREAU OF LAND MANAGEMENT   |                          |                                      |                          |
| BORDING OF LINE  | MANGEMENT                | 6. If Indian, Allottee of            | r Tribe Name             |
|  |                          | 7. Unit Agreement Name               |                          |
| (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)  |                          |                                      |                          |
| 1. Oil Well [] Gas Well [] Other []  | ()/() Landingio          | 8. Well Name and No.                 |                          |
| GAS WELL   |                          | BREECH "D" 237                       |                          |
| 2. Name of Operator:   |                          | 9. API Well No.                      | EECH D 231               |
| Caulkins Oil Company   |                          | 30-039-06521-00S1                    |                          |
| 3. Address of Operator: (505) 334-4323   |                          | 10. Field and Pool, Exploratory Area |                          |
| 1409 W. Aztec Blvd. Ste B7, Aztec, NM 87410  |                          | PICTURED CLIFFS                      |                          |
| 4. Location of Well (Footage, Sec., Twp., Rge.)  |                          | 11. Country or Parish, State         |                          |
| 990' F/N 990' F/W SEC. 15-26N-6W   |                          | 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  |                          |                                      |                          |
| [ ] Notice of Intent   | [ ] Abandonment          | ſ                                    | ] Change of Plans        |
|  | [ ]Recompletion          | į                                    | ] New Construction       |
| [X] Subsequent Report  | [ ] Plugging Back        | •                                    | ] Non-Routine Fracturing |
|  | [ ] Casing Repair        | Ĩ                                    | ] Water Shut-Off         |
| [ ] Final Abandonment Notice   | [ ] Altering Casing      | Į                                    | Conversion to Injection  |
| 17. Describe Proposed or Completed Operations:   | [X] Other Pressure Tests |                                      | ] Dispose Water          |
|  |                          |                                      |                          |
| 3-18-04 In response to the letter dated March 10, 2004 regarding status of well operated by Caulkins Oil Company. This   |                          |                                      |                          |
| well was shut-in from June 30, 2003 to November 1, 2003 for pressure testing. Since November 1, 2003 well  |                          |                                      |                          |
| has been producing to sales line.  |                          |                                      |                          |
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| MAR 2004   |                          |                                      |                          |
| ROSPIE Z   |                          |                                      |                          |
| OR CONS. E.W.  DIST. 9  OF   |                          |                                      |                          |
| E DIST. 9 07   |                          |                                      |                          |
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| Sign Si Disconsideration of the state of the |                          |                                      |                          |
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| NOTE: The format is issued in lieu of U.S. DUM Form 2160.5   |                          |                                      |                          |
| 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: Robert I Vergue  | TITLE. Comments de       | DATE NO                              | 1 10 0004                |
| ROBERT L. VERQUER  | TITLE: Superintende      | IN DATE: Marc                        | n 18, 2004               |
|  | ·                        |                                      | SOD DECOR                |
| APPROVED BY:   | TITLE:                   | DATE:                                |                          |
| CONDITIONS OF APPROVAL, IF ANY   |                          |                                      | AR 2 5 2004              |
|  |                          | tures.                               | _                        |
| NWOCD NWOCD  |                          |                                      |                          |
|  | ne care of the care      |                                      | <del></del>              |