UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT	OIL GAS DIV. 5	5. Lease NM-03551

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 Form 3160-3 for such proposals)	6. If Indian, Allottee or Tribe Name
	7. Unit Agreement Name

1. Oil Well [ ] Gas Well [ ] Other [ ] GAS WELL	8. Farm or Lease Name BREECH "E"
2. Name of Operator: Caulkins Oil Company	9. Well No. 602
3. Address of Operator: (505) 632-1544 P.O. Box 340, Bloomfield, NM 87413	10. Field or Wildcat Name BASIN FRUITLAND COAL GAS WELL
4. Location of Well (Report Location Clearly) 790' F/S 1850' F/W	11. Sec. T.R.M. or Blk and Survey or Area SEC. 5-26N-6W

14. API No.: 30-039-25250	Elevation (show BF,RT and GR) 6546 GR	12. County or Parish Rio Arriba	13. State NM

16. Intention To:
   Subsequent Report: Fracture Well

17. Describe Proposed or Completed Operations:

3-27-93   Went in hole with 2 3/8" tubing and bit. Drilled out stage
          tool at 2450', then cleaned out casing to 2986'.

3-28-93   Spot 500 gallons 7 1/2% acid at 2914'.
          Pulled tubing.
          Perforated with 4 SPF from 2914' to 2934'.
          N2 foam frac'd with 100,000# 20/40 mesh sand.
          ISIP - 1450#, 15 min. - 1338#.

3-29-93   1000# shut-in pressure.
          Blew well down.
          Went in hole with 2 3/8" tubing and tagged sand at 2850'.
          Cleaned out casing with nitrogen to 2970'.
          Landed tubing at 2925'.
          Flowing through tubing to clean up.

3-31-93   Shut-in for potential test.

4-8-93   3 hour potential test calculated volume - 1,939 MCF/D.
          Well now shut-in waiting on tie-in.
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 L. Verquer*   TITLE: Superintendent   DATE: 04/27/93
           ROBERT L. VERQUER

APPROVED BY: _____   TITLE: _____

ACCEPTED FOR RECORD
DATE: _____

CONDITIONS OF APPROVAL, IF ANY

MAY 05 1993

FARMINGTON DISTRICT OFFICE

BY _____