

<b>UNITED STATES</b> <b>DEPARTMENT OF THE INTERIOR</b> <b>BUREAU OF LAND MANAGEMENT</b>  <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)		5. Lease <div style="text-align: center;">NM-03733</div>
		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 812</div>
2. Name of Operator: <div style="text-align: center;">Caulkins Oil Company</div>		9. API Well No. <div style="text-align: center;">300392199600-T2</div>
3. Address of Operator: <div style="text-align: center;">(505) 632-1544 P.O. Box 340, Bloomfield, NM 87413</div>		10. Field and Pool, Exploratory Area <div style="text-align: center;">BASIN DAKOTA</div>
4. Location of Well (Postage, Sec., Twp., Rge.) 967' F/S 1493' F/W, SEC. 18-26N-6W <span style="float: right;">N</span>		11. County 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	SCOPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent  <input type="checkbox"/> Subsequent Report  <input type="checkbox"/> Final Abandonment Notice	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <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>Repair Packer Leak</u> </div> <div style="width: 30%;"> <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>	
13. Describe Proposed or Completed Operations:  <div style="margin-top: 20px;">           12-7-93 Tests conducted indicate a packer leak in this well.             We intend to pull tubing and seal assembly from Model "D" packer set at 5416'. Then re-dress seal assembly and re-run tubing to original depth.             No new surface will be disturbed.             Estimated starting date, 12-13-93.         </div>		
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="position: absolute; top: 10px; left: 20px; font-weight: bold;">DEC 16 1993</div> <div style="position: absolute; top: 20px; left: 30px; font-weight: bold;">OIL CON. DIV.</div> <div style="position: absolute; top: 25px; left: 40px; font-weight: bold;">DIST. 3</div> </div>		
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: <u>Robert L. Verquer</u> TITLE: <u>Superintendent</u> DATE: <u>12/07/93</u> <div style="text-align: center;">ROBERT L. VERQUER</div>		
APPROVED BY: _____ TITLE: _____  CONDITIONS OF APPROVAL, IF ANY <div style="margin-top: 10px;"><i>cy</i></div>		<div style="font-weight: bold; font-size: 1.2em;">APPROVED</div> <div style="font-weight: bold; font-size: 1.2em;">DATE: <u>DEC 18 1993</u></div> <div style="font-weight: bold; font-size: 1.2em;">DISTRICT MANAGER</div>