

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

5. Lease

NMNM-03554

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)

6. If Indian, Allottee or Tribe Name

7. Unit Agreement Name

070 FARMINGTON, NM

1. Oil Well ☐ Gas Well ☐ Other ☐
GAS WELL

8. Well Name and No.

BREECH "C" 248-M

2. Name of Operator:

Caulkins Oil Company

9. API Well No.

30-039-22326-00-T1

3. Address of Operator:

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

10. Field and Pool, Exploratory Area

BASIN DAKOTA, MESA VERDE,
OTERO CHACRA

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

960' F/N 850' F/W, SEC. 13-26N-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

☒ Notice of Intent

☐ Abandonment

☐ Change of Plans

☐ Subsequent Report

☐ Recompletion

☐ New Construction

☐ Final Abandonment Notice

☐ Plugging Back

☐ Non-Routine Fracturing

☐ Casing Repair

☐ Water Shut-Off

☐ Altering Casing

☐ Conversion to Injection

☒ Other Pull Tubing

☐ Dispose Water

17. Describe Proposed or Completed Operations:

9-6-96 Tests conducted on this well indicate that tubing is partially plugged.

We intend to pull and inspect 2 3/8" tubing for plugged joints.

T.I.H. with tubing to clean-out over perforations with air package.

T.O.H. with tubing to install seal assembly and reverse flow check valve.

Then re-run 2 3/8" tubing to approximately 7520' with seals set in Model "D" packer at 5564' with reverse flow check valve mounted immediately above seal assembly.

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 - October 1, 1996

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
ROBERT L. VERQUER

TITLE: Superintendent DATE: 09/06/96

APPROVED

APPROVED BY: _____ TITLE: _____ SEP 10 1996

CONDITIONS OF APPROVAL, IF ANY

/S/ Duane W. Spencer
DISTRICT MANAGER

NMOCD