

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 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)		5. Lease <div style="text-align: center;">NMNM-03381</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 "B" 172-E</div>
2. Name of Operator: <div style="text-align: center;">Caulkins Oil Company</div>		9. API Well No. <div style="text-align: center;">30-039-22909-00D1</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;">BASIN DAKOTA, MESA VERDE</div>
4. Location of Well (Postage, Sec., Twp., Rge.) 890' F/S 990' F/W, SEC. 7-26N-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	
<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> <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="text-align: center;"> <div style="border: 2px solid black; padding: 5px; width: 100px; margin: 0 auto;"> RECEIVED JUL 7 8 1995 </div> <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 2px auto;"> OIL CON. DIV. </div> </div> <div> <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:		
<p>6-28-95 Tests conducted on this well indicate that tubing is plugged on bottom.</p> <p>We intend to pull tubing and remove obstruction.</p> <p>Approval for a small flare pit is requested during workover operations.</p> <p>No new surface will be disturbed, location area and pit will be cleaned up and covered when work is completed.</p> <p>Estimated starting date - July 17, 1995.</p>		
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>06/28/95</u> <div style="text-align: center;">ROBERT L. VERQUER</div>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> APPROVED </div>		
APPROVED BY: _____ TITLE: _____ DATE: _____		
CONDITIONS OF APPROVAL, IF ANY		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> JUL 11 1995 DISTRICT MANAGER </div>		