

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

5. Lease
SF-079035-A

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

1. Oil Well Gas Well Other
GAS WELL

8. Well Name and No.
BREECH "A" 229-M

2. Name of Operator:
Caulkins Oil Company

9. API Well No.
300392314100-D1

3. Address of Operator:
(505) 632-1544
P.O. Box 340, Bloomfield, NM 87413

10. Field and Pool, Exploratory Area
BASIN DAKOTA, MESA VERDE

4. Location of Well (Postage, Sec., Twp., Rgn.)
1120' F/N 890' F/E, SEC. 17-26N-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 type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other <u>Pulled Tubing</u> |
| | <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 |

17. Describe Proposed or Completed Operations:

7-29-94 Rigged up workover rig.
Pulled 1 1/2" EUE tubing with packer.
Ran 1 1/2" EUE tubing with saw tooth collar, and cleaned out to 7546'.
Re-ran 1 1/2" EUE tubing to 7479'.

RECEIVED
NOV - 1 1994
OIL CON. DIV. IN
DIST. 3

070 HARRINGTON, NM
 NOV 25 PM 3:10
 RECEIVED

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: 10/21/94
ROBERT L. VERQUER

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY

ACCEPTED FOR RECORD

OCT 20 1994

FARMINGTON DISTRICT OFFICE