

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

NMSF-079304

6. If Indian, Allottee or Tribe Name

7. Unit Agreement Name

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

8. Well Name and No.

SANCHEZ 6

2. Name of Operator:

Caulkins Oil Company

9. API Well No.

30-039-26763

3. Address of Operator:

(505) 632-1544

10. Field and Pool, Exploratory Area

P.O. Box 340, Bloomfield, NM 87413

MESA VERDE

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

1980' F/S 1876' F/W

SEC. 25-26N-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"/> Abandonment	<input checked="" type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

17. Describe Proposed or Completed Operations:

11/2/01

APD submitted for this well was approved 8-10-01 as a single zone Mesa Verde well drilled through the Dakota zone.

We now intend to complete both the Dakota and Mesa Verde zones in this well and dual complete with a packer set between zones.

Packer test will be taken following completion.

Dakota zone will not be produced to sales line prior to pending well spacing density changes now being reviewed by NMOCD.

When well spacing density requirements are approved plans will be submitted on sundry notice to commingle this well.



077-1
2001 NOV -5 PM 3:02
DICK. C.

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: November 2, 2001
ROBERT L. VERQUER

APPROVED BY: _____ TITLE: _____ DATE: 11/6/01
CONDITIONS OF APPROVAL, IF ANY

NMOCD