

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-03553</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 "D" 140</div>
2. Name of Operator: <div style="text-align: center;">Caulkins Oil Company</div>		9. API Well No. <div style="text-align: center;">30-039-82349-00D1</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 (Footage, Sec., Twp., Rge.) 990' F/N 990' F/E, SEC. 11-26N-6W		11. Country or Parish, State <div style="text-align: center;">Rio Arriba Co., New Mexico</div>
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 checked="" 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 Pulled tubing </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: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>7-20-95 Rigged up.</p> <p>Pulled 1 1/4" tubing.</p> <p>Found bottom joint plugged with barium sulfate.</p> <p>Replaced plugged joint.</p> <p>Re-ran 1 1/4" tubing to 7453'.</p> </div> <div style="width: 35%; text-align: center;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> RECEIVED AUG 17 1995 </div> <div style="border: 1px solid black; padding: 5px;"> OIL CON. DIV. DIST. 3 </div> </div> </div>		
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>08/10/95</u> <div style="text-align: center;">ROBERT L. VERQUER</div>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> ACCEPTED FOR RECORD </div>		
APPROVED BY: _____ TITLE: _____ DATE: _____		
CONDITIONS OF APPROVAL, IF ANY		
AUG 11 1995		

NMNMCD

FARMINGTON DISTRICT OFFICE
BY 205