· · · · · · · · · · · · · · · · · · ·		5/Lease
UNITED STATES		NMNM-03547
DEPARTMENT OF THE INTERIOR		
BUREAU OF LAND MANAGEMENT		<u>.</u>
ii, ·		6. If Indian, Allottee or Tribe Name
SUNDRY NOTICES AND REPORTS ON WELLS		77 Unit Agreement Name
(Do not use this form for proposals to drill or reservoir. Use "APPLICATION FOR F	to deepen or plug back to a different	
		Well Name and No.
1. Oil Well [] Gas Well [] Other [] GAS WELL	070 Fix	·
2. Name of Operator:	<b>U</b> , -	BREECH "F" 45
•		
Caulkins Oil Company 3. Address of Operator: (505) (22, 1544)		30-039-60004-00-C1
(505) 032-1544		10. Field and Pool, Exploratory Area
P.O. Box 340, Bloomfield, NM 87413		DAKOTA, MESA VERDE
4. Location of Well (Footage, Sec., Twp., Rge.)		11. Country or Parish, State
990' F/S 990' F/W		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		
[X] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
, , , , , , , , , , , , , , , , , , , ,	[]Recompletion	[ ] New Construction
[ ] Subsequent Report	[ ] Plugging Back	[] Non-Routine Fracturing
•	[ ] Casing Repair	[] Water Shut-Off
[ ] Final Abandonment Notice	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other Remove packer	[ ] Dispose Water
17. Describe Proposed or Completed Operations:		[ ] Dispose Water
9-24-98 We intend to pull 2 3/8" tubing with packer and reverse flow check valve now in hole.		
Tubing currently landed at 7465' and packer with reverse flow check valve set at 7309'.		
Remove packer with reverse flow check valve.		
Re-run tubing to approximately 7450'.		
No new surface will be disturbed, location area will be cleaned up when work is completed.		
Estimated starting date: October 5, 1998		
$\mathcal{A}_{\mathcal{A}}$		
(i) 777 8 1998 [U]		
SILL CON		
BUCK DATE		
ON GON. DIV.		
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NOTE: The format is issued in lieu of U.S. BLM Form 3160-5		
18. I HEREBY CERTIFY THE FOREGOING IS TRUE AND CORRECT		
10/ 4/4/		
SIGNED: Robert 1 Verque TITLE: Superintendent DATE: September 24, 1998		
ROBERT L. VERQUER		
/S/ Duane W/ Secretary		
APPROVED BY: /S/ Duane W. Spencer ITLE: DATE: DATE:		
CONDITIONS OF APPROVAL, IF ANY		