OIL CONSERVATION DIVISION

•):	E. T.	OIL CONSERV	ÄTION DIVISI	ON	Cevised	10-1-76		
	613 6 6 10 10 10 10 10 10 10 10 10 10 10 10 10		OX 2068					
	SANTA FE, NEW MEXICO 87501							
	U \$. U . S.							
	Cemperate on							
	TAAHIPONIFA GAS /	1 GAE 1						
•	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
•	peratur							
	Caulkins Oil Company							
	P.O. Bpx 780, Farmington, New Mexico							
	Frason(s) for tiling (Check proper box) Other (Please explain)							
	Change in Transporter of:							
	Recompletion X Change in Ownership	Oil Dry G Casingheod Gas Conde	751			*		
	If change of ownership give name	<u></u>						
	and address of previous owner							
I.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including I	ormullon	Kind of Lease	•	Lease No.		
	Breech C	301 South Blanco-	PC	State, Federal	l or Fee	NM-03554		
	Location		1666					
	Unit Letter J : 1650 Feet From The South Line and 1660 Feet From The East							
	Line of Section 14 Tov	waship 26 North Range	6 West , NMP	, Rio A	rriba	County		
ĭ.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	Asidrona (Give address	to which approx	oed copy of this form is t	o be senti		
	Rame of Authorized Transporter of Off			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]		Address (Give address to which approved copy of this form is to be sent)					
	Gas Company of New Mexico		1508 Pacific Ave, Dallas, Texas					
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When Yes 1952							
ļ	this production is commingled with that from any other lease or pool, give commingling order number:							
	If this production is commingled wit COMPLETION DATA	that from any other lease or pool,	give commingling orde	r number:				
	Designate Type of Completion	on - (X) Gas Well	New Well Workover	Deepen	Plug Back Same Res	'v. Dill. Rob'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	6-27-52	9-26-79	3175		3170			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth			
	6673 DF	Pictured Cliffs	3068		3005 Depth Casing Shoe			
	3056 to 3126 3068							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING A TUBING SIZE	DEPTH S	ET	SACKS CEM	ENT		
	12·1/4 7 7/8	8 5/8 5 1/2	445 3068		200			
	5 & 7 7/8	2 7/8	3170		250	•		
			3090		1			
	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of social voluments on he for full 24 hours	ime of load oil e	and must be equal to or e	xceed top allow-		
i	OIL WELL, Date First New Oil Run To Tanks	Date of Teet	pth or be for full 24 hours) Froducing Method (Flow, pump, gos lift, etc.)					
					•			
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	•		
	Actual Prod. During Tool	Oil-Bble.	Water-Bbla.		Gas-MCF			
	Actual Fied. Bulling 101.	ALL PICOL DELINY (CO.						
_					7. The state of th			
7	GAS WELL Actual Prod. Tout-MCF/D	Length of Test	Bbls, Condensate/MMC	F	Gravity of Condensate			
	179	24 hrs.				•		
ł	Teeting kiethod (puot, back pr.)		Cosing Pressure (Shut	-in)	Choke Sixe	i i de la companya di salah di		
	Gas Company of New Mex.	260	260		3/4			
:	CERTIFICATE OF COMPLIANC	E	OIL C	ONSERVAT	ION DIVISION			
1 heraby certify that the rules and regulations of the Oil Cons			APPROVED					
	relative have been complied with	APPROVED Triginal Signed by A. A. Danielle						
	above is true and complete to the	SUPERVISOR DISTRICT # 3						
		TITLE						
	Laharlia E		This form is to be filed in compliance with MULE 1104.					
-	The same and the s	If this is a request for ellowable for a nawly drilled or despended well, this form must be accompanied by a tebulation of the deviation						
	Superintendent		tests taken on the wall in accordance with NULE 111. All sections of this form must be filled out completely for allow-					
•	Superinceno (In	able on new and recompleted walls.						
	10-3-79	10 2 70			Fill out only Sections I. H. III, and VI for changes of owner, call name or number, or transporter, or other such thanks of condition.			
•	(1) 4	(¢)	Well name of minutes, of trensported to other entitle of condition.					

Esparate forms C-104 must be filled for each pool in multiply