

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATION	
FORMATION OFFICE	

Operator
Caulkins Oil Company

Address
P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Costinthead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Breec A	Well No. 204	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF079035 A
Location Unit Letter P ; 760 Feet From The South Line and 660 Feet From The East				
Line of Section 9 Township 26 North Range 6 West , NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Inland Corporation	P.O. Box 1528 Farmington, New Mexico
Name of Authorized Transporter of Costinthead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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, give location of tanks.	Is gas actually connected? When
Unit P Sec. 9 Twp. 26 N Rge. 6W	Yes 1956

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 10-19-55	Date Compl. Ready to Prod. 3-56	Total Depth 7646	P.B.T.D. 7490					
Elevations (DF, RAB, RT, GR, etc.) 6610 KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 7210	Tubing Depth 7210					
Perforations 7210 - 7440			Depth Casing Shoe 7646					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10 3/4"	458	200
8 3/4"	7"	7646	600
	2 7/8"	7210	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed 10% allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bble.	Water - Bble.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2407	Length of Test 3 Hours	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Charles Grolson
(Signature)
Superintendent
(Title)
2-20-81
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
Original Signed by **CHARLES GROLSON**

BY _____
TITLE **DEPUTY OIL & GAS INSPECTOR DIST. #3**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Form O-104 must be filed for each pool in multiply