

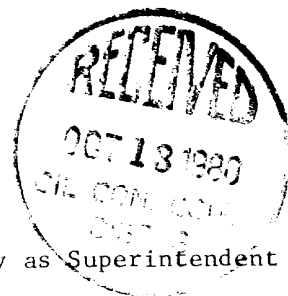
CAULKINS OIL CO.

Post Office Box 780
Farmington, New Mexico 87401

Breach "A" 136E
Section 10, 26 North 6 West
Rio Arriba County, New Mexico

Hole Deviation Test (Degrees)

6739	1 3/4
7105	2 1/4
7440	2



I, the undersigned certify that I, acting in my capacity as Superintendent for Caulkins Oil Company, am authorized to make this report; and that this report was prepared by me and that the facts stated therein are true to the best of my knowledge and belief.

Charles E. Auger
Superintendent, Caulkins Oil Company

Subscribed and sworn to before me this 14th day of October, 1980

Notary Public, My commission expires July 3, 1981

Danney L. Churchill
Notary Public

OIL CONSERVATION DIVISION

P. O. BOX 7000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
FILED	
MAIL ROOM	
CLERK	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Caulkins Oil Company

Address

P.O. Box 780

Farmington, New Mexico

Person(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Commingled

Chacra and Mesa Verde

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech A	Well No. 136E	Pool Name, Including Formation Chacra & Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. SF-079035A
Location Unit Letter <u>0</u> ; <u>660'</u> Feet From The <u>South</u> Line and <u>1980'</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>26 North</u> Range <u>6 West</u> , NMPM, <u>Rio Arriba</u> County				

III. 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)
Shell Pipeline	P.O. Box 940 Bloomfield, New Mexico
Name of Authorized Transporter of Casinghead 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.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 10 26N 6W No

If this production is commingled with that from any other lease or pool, give commingling order number: R-5647

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						X
Date Spudded 6-9-52	Date Compl. Ready to Prod. 9-23-80	Total Depth 7446	P.B.T.D. 7446					
Elevations (DF, RAB, RT, GR, etc.) 6491 GR	Name of Producing Formation Chacra & Mesa Verde	Top Oil/Gas Pay 3906	Tubing Depth 5470					
Perforations 3906-3912 (Chacra)	5055-5328 (Mesa Verde)	Depth Casing Shoe 7446						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	10 3/4"	409	175					
9 3/4"	7 5/8"	6635	1075					
6 3/4"	4 1/2"	7446	225					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and gas and must be able 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D 977	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 973	Casing Pressure (shut-in) 973	Choke Size 3/4"

VI. 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 J. Jorgensen
(Signature)
Superintendent
(Title)
10-13-80
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 27 1980, 19
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 1
TITLE _____

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. Form 1104 must be filed for each pool in multi-