

OIL CONSERVATION DIVISION

P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

I. OPERATOR
 Caulkins Oil Company
 Address: P.O. Box 780 Farmington, New Mexico

Person(s) for filing (check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breach A	Well No. 136E	Pool Name, including Formation Basin Dakota	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"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528 Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1508 Pacific Ave. Dallas, Texas			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 10	Twp. 26N	Rge. 6W
Is gas actually connected?		When		
Yes		12-10-80		

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

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						
Date Spudded 6-9-52	Date Compl. Ready to Prod. 9-23-80		Total Depth 7446			P.B.T.D. 7446		
Elevations (DF, RKB, RT, GR, etc.) 6491 GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7146			Tubing Depth 7340		
Perforations 7146 - 7376						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					
6 3/4"	4 1/2"		7446					
	2 3/8"		7340					

V. 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 top allowable for this depth or be for full 24 hours)

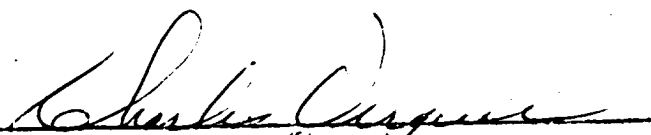
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 920	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Backpressure	Tubing Pressure (shut-in) 1293	Casing Pressure (shut-in) PKR	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.


 Superintendent
 (Title)
 2-20-81
 (Date)

OIL CONSERVATION DIVISION
FEB 27 1981

APPROVED _____, 19____
 BY Original Signed by CHARLES GHOLSON
 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.
 Form C-104 must be filed for each pool in multiple