

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	5
INTRODUCTION	
DATE FILE	1
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
REGISTRATION 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 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 _____

2. DESCRIPTION OF WELL AND LEASE

Lease Name Breech A	Well No. 181	Pool Name, including Formation South Blanco-PC	Kind of Lease State, Federal or Fee SF-079035-A	Lease No.
Location Unit Letter L : 1510 Feet From The South Line and 1135 Feet From The West Line of Section 10 Township 26 North Range 6 West , NMPM, Rio Arriba County				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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
	Yes 1951

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

4. 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 11-12-51	Date Compl. Ready to Prod. 10-28-79	Total Depth 3062	P.B.T.D. 3062					
Elevations (DF, RKB, RT, GR, etc.) 6570	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2960	Tubing Depth 3060					
Perforations 2960 to 2998						Depth Casing Shoe 2960		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	575	175					
7 7/8	5 1/2	2975	200					
7 7/8	2 7/8	3060	100					
	1 1/4	3001						

5. TEST DATA AND REQUEST FOR ALLOWABLE (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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 114	Length of Test 3 hrs	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Gas Company of New Mexico	250	250	5/8 Plate

6. 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 Deque
(Signature)
Superintendent
(Title)
10-30-79
(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 3 1979**, 10
Original Signed by _____
BY _____
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.