

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APPROVED	5
DIVISION	
FILE	1
FILE	
FILE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	1
FORMATION OFFICE	2

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:
 Oil Dry Gas
 Recompletion Oil Condensate
 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 Breech	Well No. 179	Pool Name, Including Formation South Blanco-PC	Kind of Lease State, Federal or Fee	Lease No. SE-079035-A
Location Unit Letter J : 1650 Feet From The South Line and 1600 Feet From The West Line of Section 9 Township 26 North Range 6 West , NMPM, Rio Arriba County				

III. 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: _____

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 11-25-51	Date Compl. Ready to Prod. 10-28-79	Total Depth 3003	P.B.T.D. 3003					
Elevations (DF, RKB, RT, GR, etc.) 6515 Gr.	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2906	Tubing Depth 2893					
Perforations 2906 to 2948						Depth Casing Shoe 2914		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	410	200
7 7/8	5 1/2	2914	200
7 7/8	2 7/8	2991	100
	1	2893	

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 114	Length of Test 24 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (psia-10)	Casing Pressure (psia-10)	Choke Size
Gas Company of New Mexico	288	288	5/8 Plate

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 Veigues
(Signature)
Superintendent
(Title)
10-29-79
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 10 _____
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 changes of condition.