NEW MEXICO OIL CONSERVATION DEPARTMENT

Revised 10-1-70

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator: Caulkins Oil Company

Address: P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [X]
- Change in Ownership [ ]

Change in Transporter of:

- Oil [ ]
- Casinghead Gas [ ]
- Dry Gas [ ]
- Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Breech A	204E	Basin Dakota	State, Federal or Fee Federal	SF-079035-A

Location: Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West

Line of Section 9 Township 26 North Range 6 West , NMPM, Rio Arriba County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Shell Pipeline	Address (Give address to which approved copy of this form is to be sent): P.O. Box 940 Bloomfield, New Mexico
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	9	26N	6W	No	

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

III. 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-29-53	9-25-80	7389	7389
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6465 GR	Basin Dakota	7114	7216
Perforations			**Depth Casing Shoe**
7114- 7342			7389

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10 3/4"	406	200
8 3/4"	7"	6591	950
6 1/4"	4 1/2"	7389	275

IV. 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)

OIL WELL

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 3,365 A.F.

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3,327	3 Hours		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	1971	PKR	3/4"

V. 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 E. Caspers
(Signature)

Superintendent
(Title)

10-13-80
(Date)

OIL CONSERVATION DIVISION

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.

Separate Forms C-104 must be filed for each pool in multiply