

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |  |
|------------------------|--|
| NO. OF COPIES REQUIRED |  |
| DISTRIBUTION           |  |
| SANTA FE               |  |
| FILE                   |  |
| U.S.D.A.               |  |
| LAND OFFICE            |  |
| TRANSPORTER            |  |
| OPERATOR               |  |
| FORMATION OFFICE       |  |

|  |  |
|--|--|
| Operator<br>Caulkins Oil Company               |  |
| Address<br>P.O. Box 780 Farmington, New Mexico |  |
| Reason(s) for filing (Check proper box)        |  |
| New Well <input type="checkbox"/>              | Change in Transporter of:  |
| Recompletion <input type="checkbox"/>          | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>                          |
| Change in Ownership <input type="checkbox"/>   | Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |  |
|---|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>Inland Corporation                | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1528 Farmington, New Mexico |  |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Gas Company of New Mexico | Address (Give address to which approved copy of this form is to be sent)<br>1508 Pacific Ave. Dallas, Texas      |  |
| If well produces oil or liquids,<br>give location of tanks.   | Unit L Sec. 9 Twp. 26N Rge. 6W   | Is gas actually connected? Yes When 12-15-80 |

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> | New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug back <input type="checkbox"/> Same Res.v. <input type="checkbox"/> Diff. Res.v. <input type="checkbox"/> |
| Date Spudded<br>1-29-53                       | Date Compl. Ready to Prod.<br>9-25-80  | Total Depth<br>7389   |
| Elevations (DF, RAB, RT, GR, etc.)<br>6465 GR | Name of Producing Formation<br>Dakota  | Top Oil/Gas Pay<br>7114   |
| Perforations<br>7114 - 7342                   |  | Tubing Depth<br>7216  |
|   |  | Depth Casing Shoe<br>7389   |
| TUBING, CASING, AND CEMENTING RECORD          |  |   |
| HOLE SIZE<br>15"                              | CASING & TUBING SIZE<br>10 3/4"  | DEPTH SET<br>406  |
| 8 3/4"  | 7"   | 6591  |
| 6 1/4"  | 4 1/2"   | 7389  |
|   | 2 3/8"   | 7216  |

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)

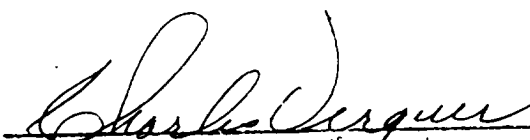
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure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

GAS WELL

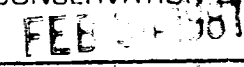
|  |                                   |                                  |                       |
|--|-----------------------------------|----------------------------------|-----------------------|
| Actual Prod. Test - MCF/D<br>3,327               | Length of Test<br>3 Hours         | Bbls. Condensate/MMCF            | Gravity of Condensate |
| Testing Method (pilot, back pr.)<br>Backpressure | Tubing Pressure (shot-in)<br>1971 | Casing Pressure (shot-in)<br>PKR | Choke Size<br>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.

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

OIL CONSERVATION DIVISION

APPROVED  19 \_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 7  
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. Separate Forms C-104 must be filed for each pool in multiply