

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF FILING	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Caulkins Oil Company

Address
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

Other (Please explain)

Change oil

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech A	Well No. 175E	Pool Name, including Formation Blanco Mesa Verde-Otero Chacra	Kind of Lease State, Federal or Fee Federal	Lease No. SF079035A
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line of Section 8 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"/> 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 B	Sec. 8	Twp. 26N	Rge. 6W	Is gas actually connected? Yes	When 11-23-80

If this production is commingled with that from any other lease or pool, give commingling order number: R-5647

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 3-17-53	Date Compl. Ready to Prod. 10-13-80		Total Depth 7400		P.B.T.D. 7400			
Elevations (DF, RKB, RT, GR, etc.) 6482 GR	Name of Producing Formation Chacra-Mesa Verde		Top Oil/Gas Pay 3776		Tubing Depth 5340			
Perforations 3776 - 3848 (Chacra) 4567 - 5286 (Mesa Verde)					Depth Casing Shoe 7400			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10 3/4"		499.5		200			
8 3/4"	7"		6620		950			
6 1/4"	4 1/2"		6490 - 7400		275			
	1 1/4"		5340					

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)

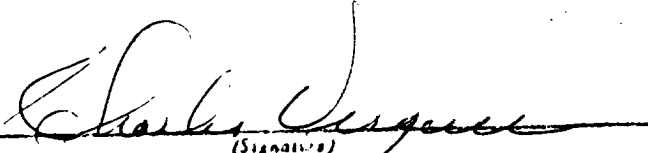
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1543	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Backpressure	Tubing Pressure (shut-in) 1471	Casing Pressure (shut-in) 1471	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

DEPUTY OIL & GAS INSPECTOR, DIST. #3

BY Original Signed by CHARLES GHOLSON

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

OIL CONSERVATION DIVISION

P. O. BOX 7088

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.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
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 ☒

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Breech A	175E	Basin Dakota	State, Federal or Fee Federal	SF079035A
Location				
Unit Letter B	660	Feet From The North	Line and 1980	Feet From The East
Line of Section 8	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"/>	Address (Give address to which approved copy of this form is to be sent)
Inland Corporation	P.O. Box 1528 Farmington, New Mexico
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
B 8 26N 6W	Yes 11-20-80

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3-17-53	10-13-80	7400	7400					
Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6482 GR	Dakota	7130	7322					
Perforations	Depth Casing Shoe							
7130 - 7356	7400							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10 3/4"	499.5	200
8 3/4"	7"	6620	950
6 1/4"	4 1/2"	6490-7400	275
	2 3/8"	7322	

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2903	3 Hours		
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Backpressure	1603	PKR	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.

OIL CONSERVATION DIVISION

FEB 27 1981

APPROVED _____, 19

DEPUTY OIL & GAS INSPECTOR, DIST. #3

BY _____
TITLE Original Signed by CHARLES GHOLSON

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