ERGY AND MINERALS DEPARTMENT

| HPA WAS INITIAELY | ML3 L | ,,,, | |
|-------------------|-------|--|------------|
| | | | |
| DISTRIBUTION | | Γ_{-} | |
| SANTA FE | | | Ш |
| PILE | | ↓_ | 1_1 |
| U.S.G.S. | | 1 | |
| LAND OFFICE | | ١ | ┦ |
| TRANSPORTER | OIL | ــــــــــــــــــــــــــــــــــــــ | 1 |
| | GAS | <u> </u> | lacksquare |
| OPERATOR | | | 1 |
| BROGATION OFFICE | | 1 | 1 |

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| PROBATION OFFICE | AUTHORIZATION TO TRACTOR | | | | |
|--|--|---|--|------------------------|--------------------|
| Caulkins Oil Company | .• | | | | |
| ******* | Nov. Movico | | | | • |
| Post Office Box 780 | , Farmington, New Mexico | Other (Please | explain) | / | |
| Reason(s) for filing (Check proper box) New Well | Change in Transporter of: | 014.1 | Vell No. 6 | 29 | ngullin |
| Recompletion X | Ott Dry Gas | Galli | up Zone | & A | 14 |
| Change in Ownership | Casinghead Gas Condens | ate | | | • |
| If change of ownership give name | | | | | |
| and address of previous owner | | | | | |
| DESCRIPTION OF WELL AND L | 1 | | Kind of Lease State, Federal | | SF 079035A |
| Breech A | 132E Blanco Mesa | a verde | | l | |
| Location D 660 | Feet From The North | 760 | Feet From T | he West | |
| Unit Letter; | 26 North | 6 West NMPN | Ric | Arriba | County |
| Line of Section 1000 | namp | | | | |
| DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GAS | S Address (Give address | to which approv | ed copy of this form i | s to be sent) |
| Name of Authorized Transporter of Oil Inland Corporation | of Condensate | P. O. Box 1 | l528, Farm | ington, New Mo | exico |
| Name of Authorized Transporter of Casi | inghead Gas 🔝 or Dry Gas 📑 | Address (Give address to which approved copy of this form is to be sent) | | | s to be sent/ |
| Gas Company of New M | exico | 1508 Pacific Ave, Dallas, Texas Is gas actually connected? When | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. D 9 26N 6W | No | | | |
| If this production is commingled with | h that from any other lease or pool, | give commingling ord | er number: | | |
| . COMPLETION DATA | Oil Well Gas Well | New Well Workover | | Plug Back Same F | Res'v. Diff. Res' |
| Designate Type of Completio | n - (X) X | X Total Depth | , A | P.B.T.D. | <u> </u> |
| Date Spudded | Date Compl. Ready to Prod. | 7375 | | 7375 | |
| 10-30-52 Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | Top Cil/Gas Pay | | Tubing Depth 5450 | |
| 6411 GR. | Mesa Verde | , JII2 Depth Casing Shoe | | | |
| Perforations 5112 to 5278 | | | | | |
| | TUBING, CASING, AN | DEPTH | SET | SACKS | EMENT |
| HOLE SIZE | CASING & TUBING SIZE | 6568 | | 1138 | |
| 8 3/4 6 1/8 | 4½ | 6157 to 737 | 7.5 | 150 | |
| 0 17 0 | 1 1/4 | 5450 | | | |
| | OR ATTOWARTE (Test must be | after recovery of total ve | olume of load oi | l and must be equal to | or exceed top allo |
| 7. TEST DATA AND REQUEST F | able for this d | epth or be for full 24 ho Producing Method (F | W •) | | |
| Date First New Oil Run To Tanks | Date of Test | Producting institute [| | | |
| Length of Test | Tubing Pressure | Casing Pressure | | Charle Size | |
| | | Water - Bbls. | | GERNGE | |
| Actual Pred. During Test | Oil-Bbis. | | | \b: | · |
| | | | | | |
| GAS WELL | Length of Test | Bbis. Condensate/M | MCF | Givity of Conder | eate |
| Actual Prod. Test-MCF/D | 3 hours | | | 1 | |
| 1,486 Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (5) | but-in) | Choke Size | |
| Back Pressure | 911 | 1217 | CONSERVA | ATION DIVISION | |
| I. CERTIFICATE OF COMPLIAN | ICE | | . CUNSERV | | |
| | | APPROVED_ | | | , 19 |
| I hereby certify that the rules and Division have been complied wit | that the rules and regulations of the Oil Conservation een complied with and that the information given and complete to the best of my knowledge and belief. | | Original Signed by FRANK T. CHAVEZ | | |
| above is true and complete to the | ie best of my knowledge and believe | TITLE | | | |
| | | | - to be filed ! | n compliance with | RULE 1104. |
| 11/19/ | Jesanes. | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111. | | | |
| Charles & C | maine) | | | | |
| Superintendent | / | | and this form | must be filled out c | ompletely for allo |
| | Title) | able on new an | All sections of this lead wells. able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditions well name or number, or transporter, or other such change in multiple sections. | | |
| 11-30-81 | N | well name or nu | mber, or transp | 101101101 | change of conditi |