

OIL CONSERVATION DIVISION  
P. O. BOX 7000  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
OPERATION OFFICE	

Caulkins Oil Company

Address

P.O. Box 780

Farmington, New Mexico

Person(s) for filing (Check proper box)

New Well ☐Recompletion ☐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

## 2. DESCRIPTION OF WELL AND LEASE

Lease Name Breech B	Well No. 123	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM 03381
Location				
Unit Letter B	700	Feet From The North	Line and 1800	Feet From The East
Line of Section 7	Township 26 North	Range 6 West	, NMPM, Rio Arriba County	

## 3. 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 in 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 B	Sec. 7	Twp. 26N	Rge. 6W	Is gas actually connected? Yes	When 1964

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

## 4. 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 10-18-53	Date Compl. Ready to Prod. 11-64	Total Depth 7570	P.B.T.D. 7530					
Elevations (DF, RKB, RT, GR, etc.) 6680 GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7284	Tubing Depth 7280					
Perforations 7284 - 7424	Depth Casing Shoe 7570							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 15"	CASING & TUBING SIZE 10 3/4"	DEPTH SET 470	SACKS CEMENT 175					
8 3/4"	7"	6843	350					
6 1/8"	4 1/2"	7570						
	2 3/8"	7280						

## 5. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load off 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.)	OIL CONSERVATION DIVISION FEB 27 1981 DIST. #3 GAS-MCF
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

## GAS WELL

Actual Prod. Test-MCF/D 6998	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Backpressure	Tubing Pressure (shut-in) 2518	Casing Pressure (shut-in) 2490	Choke Size 3/4"

## 6. 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 Gholson*  
(Signature)  
Superintendent  
(Title)  
2-20-81  
(Date)

## OIL CONSERVATION DIVISION

APPROVED **FEB 27 1981**, 19  
BY **DEPT. OF OIL & GAS INSPECTOR, DIST. #3**  
TITLE **Original Signed by CHARLES GHOLSON**

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 Form C-104 must be filed for each pool in multiply