

OIL CONSERVATION DIVISION
P. O. BOX 7000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONVEYANCE	5
TRANSPORTATION	1
OPERATION	2
REGULATION	
SALES	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGULATION OFFICE	

Operator Caulkins Oil Company	
Address P.O. Box 780, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☒	Oil ☐ Dry Gas ☒
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech E	Well No. 83	Pool Name, Including Formation South Blanco-PC	Kind of Lease State, Federal or Fee	Lease No. NM-35551
Location Unit Letter J ; 1650 Feet From The South Line and 1650 Feet From The East Line of Section 5 Township 26 North Range 6 West , NMPLM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New Mexico	1508 Pacific Ave. , Dallad, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	

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 Restv.	Diff. Restv.
		X		X				
Date Spudded 9-2-51	Date Compl. Ready to Prod. 10-15-79	Total Depth 3044	P.B.T.D.					
Elevations (DF, REB, RT, CR, etc.) 6551	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2935	Tubing Depth 2942					
Perforations Open Hole 2954 to 3044			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2	8 5/8	515	180 sacks					
7 7/8	5 1/2	2954	200 sacks					
	1	2942						

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)

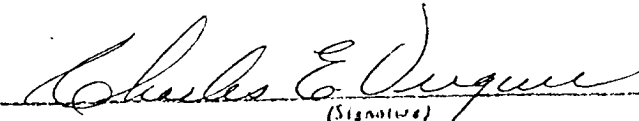
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 162	Length of Test 24 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Gas Company of New Mexico	316	316	3/4 plate

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
10-15-79
(Date)

OIL CONSERVATION DIVISION	
APPROVED _____, 19____	Original Signature
BY _____	SUPERVISOR DISTRICT # 3
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.