Lease No.

NM 03551

County

175

950

225

3/4"

STATE OF THEW ME PICCO OCHOY AND INDUCTOR'S DEPARTMENT OIL CONSERVATION DIVISION P. O. BOX 2088 na cionai na SANTA FE, NEW MUXICO 87501 ... U 1.U.1 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PAUNATION OFFICE Caulkins Oil Company Farmington, New Mexico P.O. Box 780 Proson(s) for filing ((Arch proper box) Other (Please explain) Change in Transporter of: Dry Gus . OII Recompletion Condensate X Castnahead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Federal 68E Basin Dakota State, Federal or Fee Breech E Location West 660 1980 Feet From The South Line and Township 26 North Range 6 West , NMPM, Rio Arriba 4 Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate Addiess (Give address to which approved copy of this form is to be sent) P.O. Box 1528 Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent) Inland Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas 💟 Dallas, Texas Gas Company of New Mexico 1508 Pacific Ave. Twp. is gas actually connected? Unit Sec. If well produces oil or liquids, give location of tanks. 26N 11-28-80 ! 4 L If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Gas Well Workover Oil Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded 8-25-80 7392 7392 5-6-53 Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Top Oll/Gas Pay Name of Producing Formation 7139 7270 6482 DF Dakota Depth Casing Shoe 7270 7139 - 7376 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 10 3/4" 15" 445 711 8 3/4" 6641 5 1/2" 6 1/8" 6470 -7392 3/8" 7270 (Test must be after recovery of total volume of load oil and must be equal to ar exceed top allow-TEST DATA AND REQUEST FOR ALLOWABLE able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, esc.), Date First New Oil Run To Tanks Date of Test Choke Size Tubing Presews Casing Pressure Length of Teet Woter - Bble. Oil - Bble. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bble. Condensate/MMCF Actual Prod. Teet-MCF/D Length of Test 3 Hours 3,668 Cosing Pressure (shut-in) Choke Sise Tubing Presews (Shut-La) Testing Method (pulot, back pr.) 2503 PK R. Backpressure OIL CONSERVATION DIVISION CERTIFICATE OF COMPLIANCE FED 65 1600 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 (Tale)

> > 2-20-81 (Date)

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EPUTY OIL & GAS INSPECTOR, DIST.	#3
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This form is to be filed in compliance with MULE 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 NULE 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, vell name or number, or transporter, or other such change of condition.

Secerate Forms C-104 must be filed for each pool in multiply