

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87503

Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	
FILE	
USUB	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICER	

Caulkins Oil Company
Address: **P.O. Box 780 Farmington, New Mexico**
Reason(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): **Commingled Chacra - Mesa Verde**

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

1. DESCRIPTION OF WELL AND LEASE

Lease Name Breech E	Well No. 583M	Pool Name, Including Formation Chacra & Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. NM 03551
Location Unit Letter L ; 1925 Feet From The South Line and 720 Feet From The West Line of Section 5 Township 26 North Range 6 West , NMPM, Rio Arriba County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 940 Bloomfield, 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 L	Sec. 5	Twp. 26N	Rge. 6W
	Is gas actually connected?		When	
	No			

If this production is commingled with that from any other lease or pool, give commingling order number: **R-6266**

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X				X
Date Spudded 3-8-63	Date Compl. Ready to Prod. 10-24-80	Total Depth 7550		P.B.T.D. 7550				
Elevations (DF, RAB, RT, GR, etc.) 6668 DF	Name of Producing Formation Chacra & Mesa Verde	Top Oil/Gas Pay 3957		Tubing Depth 5280				
Perforations 3957 - 4053 Chacra		5469 - 5302 Mesa Verde		Depth Casing Shoe 7550				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	10 3/4"		465		300			
8 3/4"	7"		6890		500			
6 1/8"	4 1/2"		7550		275			
	1 1/4"		5280					

4. TEST DATA AND REQUEST FOR ALLOWABLE (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 1,232	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (shut-in) 1127	Casing Pressure (shut-in) 1127	Choke Size 3/4"

5. 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 Jergue
(Signature)
Superintendent
(Title)
11-7-80
(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 19 1980**
Original Signed by **CHARLES GHOLSON**

BY _____

TITLE **DEPUTY OIL & GAS INSPECTOR DIST #3**

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.