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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR	/	
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER CHANGED FROM SHELL  
OIL COMPANY TO SHELL PIPE LINE  
CORPORATION EFFECTIVE 12/31/69



I. **OWNER**

Caulkins Oil Company

Address: P.O. Box 780, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain): Well number changed from D-189 to 689 as requested by O.C.C.

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

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Breech "C"	689	Basin Dakota	Federal

Location

Unit Letter: L ; 1850 Feet From The South Line and 790 Feet From The West

Line of Section: 12 , Township: 26N Range: 6W , NMPM, Rio Arriba County

III. **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 to which approved copy of this form is to be sent)
Shell Oil Company	P.O. Box 1588, 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)
Southern Union Gas Company	Fidelity Union Tower Bldg. 1507 Pacific Ave., Dallas, Texas
If well produces oil or liquids, give location of tanks.	Unit: P Sec: 9 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:

IV. **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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-31-63	3-5-64	7600	7255					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Basin Dakota	Dakota	7290	7196					
Perforations	7393-7300	7320-7326	7423-7438	Depth Casing Shoe				
	7310-7312	7332-7338	7497-7524	7600				

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	262	250
7 7/7"	5 1/2"	7600	980
	1 1/4"	0 to 6783	
	2 3/8"	6783 to 7196	

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. **CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Frank C. Brant  
(Signature)  
Superintendent  
(Title)  
9-2-65  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 30 1965, 19

BY Original Signed Emery C. Arnold

TITLE Supervisor 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.