REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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TRANSPORTER OIL	/	
GAS	/	
OPERATOR	/	
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I.

Operator
Caulkins Oil Company

Address
Post Office 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)
Change name of Gas Transporter

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		Lease No.
Breech C	689	Basin Dakota	State, Federal or Fee Fed		NM 03554

Location

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

Line of Section 12   Township 26 N   Range 6 W , NMPM,   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)
Shell Oil Company	P. O. Box 1588, Farmington, New Mex.
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., Dallas, Texas

If well produces oil or liquids, give location of tanks.	Unit L	Sec 12	Twp 26N	Rge 6W	Is gas actually connected? Yes	When

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 X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-31-63	2-10-64	7600	7531

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6601 KB	Dakota	7290	7188

Perforations	Depth Casing Shoe
7293 to 7524	at 7600

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4	9 5/8	262	250
8 3/4	5 1/2	7600	980
	XXIXX 2 3/8	7188	

V. 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 allow- able for this depth or be for full 24 hours)

OIL WELL

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
3199	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	2350	2352	3/4

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.

Charles E. Vergue
(Signature)

Superintendent
(Title)

November 5, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 ____

BY Original Signed by A. R. Kendrick
SUPERVISOR DIST. #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.

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