ENERGY AND MINERALS DEPARTMENT

DO. OF COPICE B45	£1740				
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE		<u> </u>			
TRANSPORTER	air				
THREFORTER	GAS				
OPERATOR					
	140	\mathbf{I}			

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	Caulkins Oil Company						
	Caulkins Ui	I Company					
		O Farmington, New Mexico				·	
	Reason(s) for filing (Check proper box)		Other (Please	explain)	2/2/19:2	Case sia	
	New Well	Change in Transporter of:		and the same		1 /200	
	Recompletion X	OII Dry Go	= 1 1 da 10		4.3	ed.	
	Change in Ownership	Casinghead Gas Conde	Recomp	lete as M	esa Verde Daló	ta Dual	
	If change of ownership give name				The same of the sa		
	and address of previous owner	·					
_		LEACE					
П.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation	Kind of Lease	· · · · · · · · · · · · · · · · · · ·	Legse No.	
	Breech C	689. Blanco Mesa		State, Federal	orFee Federal	NM03554	
	Location	j ssy, j stance nesa				111103334	
	=	O sussess South in	790	Foot From 7	West		
Unit Letter L: 1850 Feet From The South Line and 790 Feet From The West							
	Line of Section 12 Tow	mahip 26 North Range	6 West , NMPM	, Rio Ari	riba	County	
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	NS				
	Name of Authorized Transporter of Oil or Condensate \(\) Address (Give address to which approved copy						
	Inland Corp	Inland Corporation		P.O. Box 1528 Farmington, New Mexico			
	Name of Authorized Transporter of Cas	inghead 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,	Unit Sec. Twp. Rgs.	Is gas actually connect	ed? Whe	rn.		
	give location of tanks.	No	····				
	If this production is commingled wit	h that from any other lease or pool,	give commingling orde	r number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	stv. Diff. Rest	
	Designate Type of Completio		1	1	* v !	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	12-31-63	9-2-82	7600		75	31	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	6601 KB	Mesa Verde	5200		5440		
	Perforations	Mesa verde			Depth Casing Shoe		
	5200 to 54 68 7600						
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
-		9 5/8"	262		250		
	13 3/4" 8 3/4"	5 1/2"	7600	 _	980		
		1 1/4"	5440				
			<u>.i</u>		<u> </u>		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to						
	OIL WELL	Tota los tuta de	epth or be for full 24 hours		(t. etc.)		
	Date First New Oil Run To Tanks	at New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
			Casing Pressure		Choke Size		
	Length of Test	Tubing Pressure	Casing				
		Oil-Bbls.	Water-Bbls.		Gas-MCF		
	Actual Pred. During Test	0					
	GAS WELL						
!	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensa	i•	
	779	3 Hours		_			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-i=)	Choke Size		
	Back Pressure	1146	1263		3/4	11	
vi	CERTIFICATE OF COMPLIANCE	CE	OIL C	ONSERVAT	1982		
• • •		_	10-14-82	0071	1982		
	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.		BY Cooked Street by FRANK I CHAVEZ				
				BY			
			TITLE SUPERVISOR Diomaint # 3				
	$10 \land 0$		This form is to	be filed in	compliance with RUI	E 1104.	
	Lall Co Clerain		Tracks to a request for allowable for a newly drilled or deepen:				
	(Signa	sture)	well, this form must be accompanied by a tabulation of the deviati- tests taken on the well in accordance with RULE 111.				
	Superintend	All sections o	All sections of this form must be filled out completely for allo-				
	(Ti	able on new and recompleted wells.					
	10-4-82		Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of condition				
	• -	ite)	well name or number	rr, or transport	t be filed for each	pool in multic	
			completed wells.		- Se mile for each		