## STATE OF DEVELOPMENTOD SPERGY MIN MILITALS DEPARTMENT GOVERNMENTON

## OIL, CONSERVATION DIVISION P. O. BOX 2088

	FRE	SANTA FE, NEV	V MEXICO 87501		
	U 8.U.8.	A DATA CARE AND ADDRESS OF THE COMMENT OF THE CARE AND ADDRESS OF THE CARE ADDRESS OF			
	REQUEST FOR ALLOWABLE  AND				
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
1.	AUNATION OFFICE				
į	Caulkins Oil Company				
	P.O. Box 780 Farmington, New Mexico				
	Reason(s) for filing ((Aeck proper box)  Other (Please explain)				
	New Well Change in Transporter of:  Recompletion Dry Gas				
	Change in Ownership	Casinghead Gas Conder	<del></del>		
ı	If change of ownership give name				
	and address of previous owner			· · · · · · · · · · · · · · · · · · ·	
Ή.	DESCRIPTION OF WELL AND I	LEASE	ormation   Kind of Leas	· · · · · · · · · · · · · · · · · · ·	
	Lease Name Breech A	Well No. Pool Name, Including Fo			
	Location				
	Unit Letter K : 1680 Feet From The West Line and 1640 Feet From The South			The South	
i	Line of Section 10 Township 26 North Range 6 West , NMPM, Rio Arriba County				
		TOP OF OUR AND NATURAL CA	c		
П.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS None of Authorized Transporter of Cil or Condensate		Addiess (Give address to which approved copy of this form is to be sent)		
	Inland Corporation		P.O. Box 1528 Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas Gas Company of Ne				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		nen	
	give location of tanks.	K 10 26N 6W	Yes	1965	
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA				
•	Designate Type of Completio	on - (X) Gas Well	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.	
	8-14-65	9-23-65	7485	7440	
	Eievotions (DF, RKB, RT, GR, etc.) 6543 GR	Name of Producing Formation  Dakota	Top Otl/Gas Pay 7166	Tubing Depth 7150	
	Perforations			Depth Casing Shoe	
	7166 - 7436	7166 - 7436 TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	13 3/4"	9 5/8"	469	325	
	7 7/8"	4 1/2" 2 3/8"	7483 7150	800	
		2 3/8	7150		
•	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be agual to as exceed topallow- 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 I	Jr. 110/10/10 3 /2 /2	
				10a 1997	
	Length of Test	Tubing Pressure	Casing Pressure	Chort Sire	
	Actual Prod. During Test	OII-Bbis.	Water - Bbis.	Gas · MCF	
•					
	GAS WELL				
	Actual Prod. Teet-MCF/D	Length of Test	Bbie. Condensate/MMCF	Gravity of Condensate	
	7091 Testing Mothod (pilot, back pri)	3 Hours Tubing Presswe (shut-im)	Casing Preseure (Shat-in)	Choke Size	
	Backpressure	2434 - 470	2358 - 1192	.75"	
	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	Hen division	
			19		
	I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  (Signalue)  Superintendent		Original Signed by CHARL	ES GHOLSON	
			TITLE PUTY OIL & GAS INSPECTOR, DIST. #3  This form is to be filed in compliance with MULK 1104.  If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULK 111.  All sections of this form must be filled out completely for allow-		
	(7 ti 2-	20-81	while on new and recompleted wells.  Fill out only Sections 1, II, III, and VI for changes of owner,		
	(Date)		well name or number, or transporter, or other such thenge of committee.		
			Separate Forms C-104 must be filed for each pool in multiply		