

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. OPERATOR**

Operator: Caulkins Oil Company

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Breech "A"</u>	Well No. <u>682</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>SF079035A</u>
Location				
Unit Letter <u>K</u> ; <u>1680</u> Feet From The <u>West</u> Line and <u>1640</u> Feet From The <u>South</u>				
Line of Section <u>10</u> Township <u>26 North</u> Range <u>6 West</u> , NMPM, <u>Rio Arriba</u> 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)
<u>Giant Refinery Company</u>	<u>P.O. Box 256 Farmington, New Mexico</u>
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)
<u>Gas Company of New Mexico</u>	<u>1508 Pacific Ave. Dallas, Texas</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>K</u>	<u>10 26N 6 W Yes 1965</u>

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.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations							Depth Casing Shoe	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of lead 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

**VI. 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 E. ...  
(Signature)  
Superintendent  
(Title)  
8-8-83  
(Date)

OIL CONSERVATION DIVISION  
APPROVED AUG 18 1983  
BY Frank J. ...  
TITLE SUPERVISOR DISTRICT # 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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.