State of New Mexico
Energy, Minerals & Natural Resources Dept.

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
CAULKINS OIL COMPANY	3003908156
Address	
P.O. BOX 340, BLOOMFIELD, NM 87413	

Reason(s) for Filing

New Well ___ Change in Transporter of: ___ Other (Please Specify)
Recompletion ___ Oil ___ Dry Gas ___
Change in Operator ___ Casinghead Gas X Condensate ___

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Fed., Fee)	Lease No.
BREECH "C"	144	SOUTH BLANCO TOCITO		NM-03554

Location

UNIT A: 990' F/N 1090' F/E
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 X or Condensate ___	Address
Giant Refinery	P.O. Box 256, Farmington, NM 87499
Name Authorized Transporter of Casinghead Gas X or Dry Gas ___	**Address**
Gas Company of New Mexico	P.O. Box 1899, Bloomfield, NM 87413

If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	C	12	26N	6W	No	April, 1994

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

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**
6700 KB			
Perforations			**Depth Casing Shoe**

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

Date First New Oil Run to Tank	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**

RECEIVED
MAR 01994
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing pressure (Shut-in)**	**Choke Size**

VI. OPERATOR 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.

Robert L Verquer
Signature
Robert L. Verquer, Superintendent
Printed Name Title
March 15, 1994 (505) 632-1544
Date Telephone No.

OIL CONSERVATION DIVISION
DATE APPROVED MAR 1 61994
BY _____
TITLE SUPERVISOR DISTRICT #3

This form is in lieu of Oil Conservation Division form C-104.