

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APPROVED BY	
DIVISION	
DATE	
U.S.D.	
CARD OFFICE	
TRANSPORTER	
OPERATION	
ADMINISTRATION OFFICE	
Operator	

Caulkins Oil Company

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

Reason(s) for filing (check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Commingled Mesa Verde and Dakota

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Breech A	Well No. 229	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF-079035-A
Location Unit Letter <u>D</u> : <u>790</u> Feet From The <u>West</u> Line and <u>1170</u> Feet From The <u>North</u> Line of Section <u>17</u> Township <u>26 North</u> Range <u>6 West</u> NMPM, <u>Rio Arriba</u> County				

2. 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)
Shell Pipeline	P.O. Box 940, Bloomfield, New Mexico
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)
Gas Company of New Mexico	1508 Pacific Ave., Dallas, Texas
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>9</u> Twp. <u>26N</u> Rge. <u>6W</u> D 17 26N 6W
Is gas actually connected?	When Yes 1965

If this production is commingled with that from any other lease or pool, give commingling order number:

R-5923

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X				
Date Spudded 5-17-65	Date Compl. Ready to Prod. 9-18-79	Total Depth 7314	P.B.T.D. 7165					
Elevations (DF, RKB, RT, CR, etc.) 6392 Gr.	Name of Producing Formation Dakota	Top Oil/Gas Pay 6980	Tubing Depth 6953					
Perforations 6980 to 7160			Depth Casing Shoe 7310					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4	9 5/8	359	300
7 7/8	4 1/2	7310	700
	1 1/4	7150	

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 allowable for this depth or be for full 24 hours)

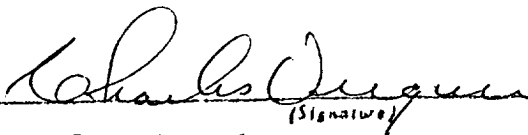
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 9-18-79	Length of Test 24 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Gas Company of New Mexico	502	491	

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.



Superintendent

12-10-79

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____ Original Signed by _____

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 allowables 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 Form C-104 must be filed for each pool in multiply recompleted wells.