

OIL CONSERVATION DIVISION
P. O. BOX 2080
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS REPORTED	
TRANSPORTATION	
SANTA FE	
FILE	
WELL NO.	
CASE NO.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION 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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech A	Well No. 175	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF079035A
Location Unit Letter <u>J</u> ; <u>2275</u> Feet From The <u>South</u> Line and <u>1580</u> Feet From The <u>East</u> Line of Section <u>8</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"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528 Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1508 Pacific Ave. Dallas, Texas					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 8	Twp. 26N	Rge. 6W	Is gas actually connected? Yes	When 12-12-69

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.
		X						
Date Spudded 6-3-69	Date Compl. Ready to Prod. 7-10-69		Total Depth 7330		P.B.T.D. 7300			
Elevations (DF, RAB, RT, GR, etc.) 6388 DF	Name of Producing Formation Dakota		Top Oil/Gas Pay 6981		Tubing Depth 7080			
Perforations 6990 - 7278					Depth Casing Shoe 7330			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		261		200			
7 7/8"	4 1/2"		7330		700			
	2 3/8"		7080					

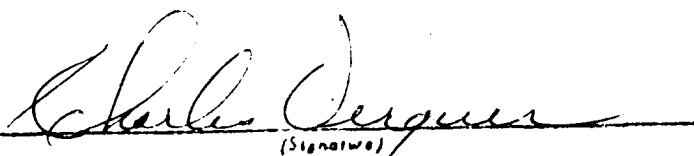
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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 7189	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Backpressure	Tubing Pressure (shot-in) 2466	Casing Pressure (shot-in) 2409	Choke Size 3/4"

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.

Superintendent

(Title)

2-20-81

(Date)

OIL CONSERVATION DIVISION

APPROVED

FEB 27 1981
Original Signed by CHARLES OLSON

BY

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 allow-
able 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.

Form C-104 must be filed for each pool in multiply