

## OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
UNIT	
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 ☐

Change in Transporter of:

Regeneration ☐Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☒

Other (Please explain)

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name Breech E	Well No. 68	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM 03551
Location Unit Letter F : 2360 Feet From The North Line and 1820 Feet From The West Line of Section 4 Township 26 North Range 6 West , NMPM, Rio Arriba County				

## II. 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 F	Sec. 4	Twp. 26N	Rge. 6W	Is gas actually connected? Yes	When 1969

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

## III. 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 6-29-69	Date Compl. Ready to Prod. 8-10-69	Total Depth 7560	P.B.T.D. 7530					
Elevations (DF, RAB, RT, GR, etc.) 6536 DF	Name of Producing Formation Dakota	Top Oil/Gas Pay 7207	Tubing Depth 7339					
Perforations 7208 - 7484	Depth Casing Shoe 7560							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	258	200					
7 7/8"	4 1/2"	7560	750					
	2 3/8"	7339						

## IV. 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)

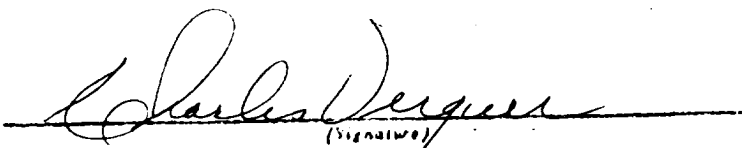
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## GAS WELL

Actual Prod. Test - MCF/D 439	Length of Test 24 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Gas Co. of New Mexico Meter	590	PKR	

## V. 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.

  
(Signature)

Superintendent

(Title)

2-20-81

(Date)

## OIL CONSERVATION DIVISION

APPROVED FEB 21 1981, 19

BY Original Signed by FRANK T. CHAVEZ

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