

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

I. Operator Caulkins Oil Company

Address P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	<u>Breach "E".</u>	Well No.	<u>68</u>	Pool Name, including Formation	<u>Basin Dakota</u>	Kind of Lease	<u>State, Federal or Fee Federal</u>	Lease No.	<u>NM 03551</u>
Location	<u>Unit Letter F</u> <u>23</u> Feet From The <u>North</u> Line and <u>1820</u> Feet From The <u>West</u>								
Line of Section	<u>4</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"/>	<u>Giant Refinery Company</u>	Address (Give address to which approved copy of this form is to be sent)	<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"/>	<u>Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent)	<u>1508 Pacific Ave. Dallas, Texas</u>
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>4</u> Twp. <u>26 N</u> Rge. <u>6 W</u>	Is gas actually connected?	<u>Yes</u>
		When	<u>1969</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	<u>6-29-69</u>	Date Compl. Ready to Prod.	<u>8-10-69</u>	Total Depth	<u>7560'</u>	P.B.T.D.	<u>7530'</u>	
Elevations (DF, RKB, RT, GR, etc.)	<u>6536 DF</u>	Name of Producing Formation	<u>Dakota</u>	Top Oil/Gas Pay	<u>7207'</u>	Tubing Depth	<u>7339</u>	
Perforations	<u>7208' to 7484'</u>					Depth Casing Shoe	<u>7560'</u>	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13 3/4"</u>	<u>9 5/8"</u>		<u>258'</u>		<u>200</u>			
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>7560'</u>		<u>750</u>			
	<u>2 3/8"</u>		<u>7339'</u>					

## 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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		

## GAS WELL

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

## 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. Vergara  
(Signature)  
Superintendent  
(Title)  
8-8-83  
(Date)

## OIL CONSERVATION DIVISION

APPROVED [Signature], 19 1983  
BY [Signature]  
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 deepen well, this form must be accompanied by a tabulation of the deviate 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 multiple completed wells.