J. 07 CO. 1	~	1/0	1
DISTRIBUTION		1	
SANTA FE		1	
FILE		17	17
J.\$.G. \$,		1	
LAND OFFICE		1	
TRANSPORTER	OIL	1	
	GAS	[/]	
OPERATOR		3	
PRORATION OFFICE			
Operator Caulkins	s 0i	L C	omp

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS IRANSPORTER OIL GAS / OPERATOR 3 PROBATION OFFICE Operator Caulkins Oil Company Address Post Office Box 780, Farmington, New Mexico Reason(s) for filing (Check proper box) New Well Address Post Office Box 780, Farmington, New Mexico Reason(s) for filing (Check proper box) New Well Address Condensate Other (Please explain) If change of ownership give name and address of previous owner If change of ownership give name and address of previous owner Description Of Well and Lease Fed State, Federal or Fee Location		
OPERATOR PRORATION OFFICE Operator Caulkins Oil Company Address Post Office Box 780, Farmington, New Mexico Reason(s) for filing (Check proper box) New We!! Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Breech D 640 South Blanco Pictured State, Federal or Fee Location A 1150 North 790 Fast		
Operator Caulkins Oil Company Address Post Office Box 780, Farmington, New Mexico Reason(s) for filing (Check proper box) New We!! Recompletion Oil Dry Gas Change in Transporter of: Recompletion Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner Lease Name Breech D Breech D Location North 790 Fact		
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Breech D 640 South Blanco Pictured State, Federal or Fee Location A 1150 North 790 Fast	—	
A 1150 North 790 Fast	III 03553	
Line of Section 11 Township 26 North Range 6 West NMPM, Rio Arriba		
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	County	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is t	to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is a 1508 Pacific Ave., Dallas, Tex	o be sent)	
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When 9-5-78		
If this production is commingled with that from any other lease or pool, give commingling order number:		
	stv. Diff. Restv.	
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	-	
7-1-78 7-21-78 3235 3235 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	3235 Tubing Depth	
6589 Gr. Pictured Cliffs 3088 3088		
Depth Casing Shoe 3083 to 3201 3225		
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEN		
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEN 12 1/4 8 5/8 96 165	ENT	
7 7/8 4 1/2 XXXXX 3235 520 1 3088		
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or eable for this depth or be for full 24 hours)	xceed top allow-	
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	Choke Size	
Actual Prod. During Test Cil-Bbls. Water-Bbls. Gas-MCF	Gas-MCF	
CAS WITH I	· · · · · · · · · · · · · · · · · · ·	
GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate		
1246 3 hours Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size		
Back Pressure 981 995 3/4"		
CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	1	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.	19	
TITLE SUPERVISOR LIST PA		
This form is to be filed in compliance with RULE If this is a request for allowable for a newly drille (Signature) Superintendent All sections of this form must be filled out comple		
(Signature) If this is a request for allowable for a newly drille well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111	the deviation	
sble on new and recompleted weils.	ges of owner,	