

OIL CONSERVATION DIVISION

P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

REQUEST 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	

Operator
 Caulkins Oil Company

Address
 P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 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 C	Well No. 689E	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. NM03554
Location Unit Letter <u>P</u> ; <u>920</u> Feet From The <u>South</u> Line and <u>1100</u> Feet From The <u>East</u>				
Line of Section <u>12</u> Township <u>26 North</u> Range <u>6 West</u> , NMPM, <u>Rio Arriba</u> County				

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 P	Sec. 12	Twp. 26N	Rge. 6W
	Is gas actually connected? No		When	

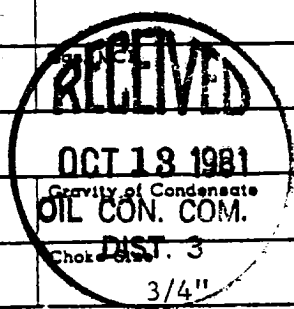
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		X	X					
Date Spudded 7-16-81	Date Compl. Ready to Prod. 8-28-81		Total Depth 7575		P.B.T.D. 7575			
Elevations (DF, RKB, RT, GR, etc.) 6600' Gr	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 5345		Tubing Depth 5571			
Perforations 5345 - 5488					Depth Casing Shoe 7575			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		291		250			
7 7/8"	5 1/2"		7575		1338			
	1 1/4"		5571					

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 WELL				
Actual Prod. Test - MCF/D 637	Length of Test 3 Hours	Bbls. Condensate/MMCF		
Testing Method (pilot, back pr.) Backpressure	Tubing Pressure (shut-in) 1177	Casing Pressure (shut-in) 1177	Choke Size 3/4"	



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. Dugan
 (Signature)
 Superintendent
 (Title)
 10-8-81
 (Date)

OIL CONSERVATION DIVISION
 APPROVED NOV 23 1981
 BY Original Signed by FRANK T. CHAVEZ
 SUPERVISOR DISTRICT # 8
 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 deviated 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.