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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☒
Change in Ownership ☐ Other (Please explain) _____
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Breech "D" Well No. 685E Pool Name, including Formation Basin Dakota Kind of Lease State, Federal or Fee Federal Lease No. NM03553
Location Unit Letter P : 858 Feet From The South Line and 927 Feet From The East
Line of Section 11 Township 26 North Range 6 West , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Giant Refinery Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ 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. 11 Twp. 26N Rge. 6W Is gas actually connected? Yes When 11-4-82

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 greater 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 _____ Length of Test _____ Bbls. Condensate/MCF _____ Gravity of Condensate _____
Testing Method (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

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 Verguez
Superintendent
8-8-83

OIL CONSERVATION DIVISION
APPROVED AUG 10 1983
BY Frank J. [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 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 completed wells.