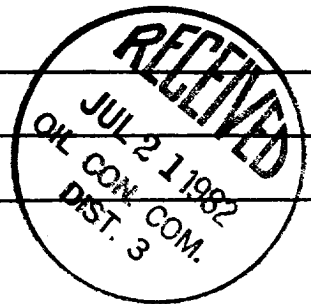


OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 ☒ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Sanchez</u>	<u>4E</u>	<u>Blanco Mesa Verde</u>	<u>State, Federal or Fee Federal</u>	<u>SF 079304</u>
Location				
Unit Letter <u>M</u>	<u>890'</u>	Fees From The <u>South</u> Line and <u>990'</u>	Fees From The <u>West</u>	
Line of Section <u>25</u>	Township <u>26 North</u>	Range <u>6 West</u>	<u>NMPM,</u>	<u>Rio Arriba</u> County

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
<u>Inland Corporation</u>		<u>P.O. Box 1528 Farmington, New Mexico</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
<u>El Paso Natural Gas Company</u>		<u>P.O. Box 990 Farmington, New Mexico</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	<u>M</u>	<u>25</u>	<u>26N</u>
			<u>6W</u>
Is gas actually connected?		When	
<u>No</u>			

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
			<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
<u>5-03-82</u>	<u>7-8 82</u>	<u>7489</u>		<u>7489</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
<u>6628 GR</u>	<u>Mesa Verde</u>	<u>5030</u>		<u>5484</u>					
Perforations		Depth Casing Shoe							
<u>5030-5312</u>		<u>7489</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>320</u>		<u>250</u>					
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>7489</u>		<u>1400</u>					
	<u>2 1/16"</u>	<u>5484</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.)	
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/MMCF	Gravity of Condensate
<u>2832</u>	<u>3 Hours</u>		
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>Back Pressure</u>	<u>1289</u>	<u>1277</u>	<u>3/4"</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)
July 20, 1982
(Date)

OIL CONSERVATION DIVISION
9-14-82
APPROVED SEP 14 1982
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 multiple completed wells.