

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	

I. Operator
Caulkins Oil Company

Address
P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input checked="" 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 type="checkbox"/>

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.	341-M	Pool Name, including Formation	Blanco Mesa Verde	Kind of Lease	State, Federal or Fee	Federal	Lease No.	NM 03553
Location	Unit Letter <u>F</u> ; <u>1850</u> Feet From The <u>North</u> Line and <u>1800</u> Feet From The <u>West</u>									
Line of Section	<u>21</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"/>	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 <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 <u>F</u> Sec. <u>21</u> Twp. <u>26N</u> Rge. <u>6W</u>	Is gas actually connected?	No

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.
		X	X					
Date Spudded	6-26-83	Date Compl. Ready to Prod.	8-23-83	Total Depth	7440'	P.B.T.D.	7440'	
Elevations (DF, RKB, RT, GR, etc.)	6675 GR	Name of Producing Formation	Mesa Verde	Top Oil/Gas Pay	5102'	Tubing Depth	5364'	
Perforations	5360' to 5102'					Depth Casing Shoe	7440'	

V. TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	410'	300 sacks (354 Cu. Ft.)
7 5/8"	5 1/2"	7440'	1300 sacks (2004 Cu. Ft.)
	1 1/4"	5364'	

VI. 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

VII. GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
1,387	3 Hours		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
Back Pressure	801	1112	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. Vergara
(Signature)
Superintendent
8-22-83
(Date)

OIL CONSERVATION DIVISION
9-30-83
APPROVED SEP 30 1983
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

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 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.