

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-----------------------|--|
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| LAND OFFICE | |
| TRANSPORTER | |
| OPERATOR | |
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| | |
|--|--|
| Operator Caulkins Oil Company | |
| Address P.O. Box 780 Farmington, New Mexico | |
| Person(s) for filing (check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------|--|--|-----------------------|
| Lease Name Breech D | Well No. 140 | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal | Lease No. NM 03553 |
| Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>11</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"/> | 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"/> | 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 A | Sec. 11 | Twp. 26N | Rge. 6W | Is gas actually connected? Yes | When 7-26-60 |

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 | | | | | | |
| Date Spudded 1-3-60 | Date Compl. Ready to Prod. 8-16-80 | | Total Depth 7700 | | P.B.T.D. 7558 | | | |
| Elevations (DF, RAB, RT, GR, etc.) 6600 KB | Name of Producing Formation Dakota | | Top Oil/Gas Pay 7408 | | Tubing Depth 7265 | | | |
| Perforations 7310 - 7510 | | | | | Depth Casing Shoe 7700 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 15" | 10 3/4" | | 252 | | 200 | | | |
| 8 3/4" | 5 1/2" | | 7700 | | 848 | | | |
| | 2 3/8" | | 7265 | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be 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-Bble. | Water-Bble. | Gas-MCF |

GAS WELL

| | | | |
|--|----------------------------------|----------------------------------|-----------------------|
| Actual Prod. Test-MCF/D 245 | Length of Test 24 Hours | Bble. Condensate/MMCF Trace | Gravity of Condensate |
| Testing Method (pump, back pr.) Orifice Meter | Tubing Pressure (shut-in) 930 | Casing Pressure (shut-in) PKR | Choke Size 3/4" |

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 Holson
(Signature)
Superintendent
(Title)
2-20-81
(Date)

OIL CONSERVATION DIVISION
FEB 27 1981
APPROVED
Original Signed by CHARLES HOLSON
BY
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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