

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator: Caulkins Oil Company

Address: P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Breech "D"</u>	<u>140</u>	<u>Blanco Mesa Verde</u>	<u>State, Federal or Fee Federal</u>	<u>NM 03553</u>

Location

Unit Letter A : 990 Feet From The North Line and 990 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Giant Refinery Company</u>	<u>P.O. Box 256 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>Gas Company of New Mexico</u>	<u>1508 Pacific Ave. Dallas, Texas</u>

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>A</u>	<u>11</u>	<u>26 N</u>	<u>6 W</u>	<u>Yes</u>	<u>7-26-60</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	DILL Res'v.
		<input checked="" type="checkbox"/>						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>1-3-60</u>	<u>8-23-82</u>	<u>7700'</u>	<u>7558'</u>

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>6600 KB</u>	<u>Mesa Verde</u>	<u>4755'</u>	<u>5440'</u>

Perforations: 5462' - 4854' Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>15"</u>	<u>10 3/4"</u>	<u>252'</u>	<u>200</u>
<u>8 3/4"</u>	<u>5 1/2"</u>	<u>7700'</u>	<u>898</u>
	<u>1 1/4"</u>	<u>5500'</u>	

7. 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.)	RECEIVED AUG 19 1983
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
<u>779</u>	<u>3 Hours</u>		

Testing Method (pilot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size
<u>Back Pressure</u>	<u>613</u>	<u>738</u>	<u>3/4"</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
<u>779</u>	<u>3 Hours</u>		

Testing Method (pilot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size
<u>Back Pressure</u>	<u>613</u>	<u>738</u>	<u>3/4"</u>

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 Vergara
(Signature)
Superintendent
(Title)
8-8-83
(Date)

OIL CONSERVATION DIVISION
AUG 19 1983
APPROVED _____, 19____
BY Frank J. Guey
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.