

OIL CONSERVATION DIVISION

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

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

Operator

Caulkins Oil Company

Address

P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Found leak in 1 1/4" tubing.

Reran 1 1/4" tubing to 7546'.

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

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|-----------------------|
| Lease Name Breech F | Well No. 4 | Pool Name, Including Formation Basin Dakota-Blanco Mesa Verde | Kind of Lease State, Federal or Fee Federal | Lease No. NM G3547 |
| 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>33</u> Township <u>27 North</u> Range <u>6 West</u> , NMPM, <u>Rio Arriba</u> County | | | | |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|------------|-------------|------------|-----------------------------------|--------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Corporation | 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"/> 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 A | Sec. 33 | Twp. 26N | Rge. 6W | Is gas actually connected? Yes | When 1978 |

If this production is commingled with that from any other lease or pool, give commingling order number: R-5649

I. COMPLETION DATA

| | | | | | | | | |
|---|--|----------|-------------------------|----------|---------------------------|-----------|-------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res' |
| | | X | | X | | | X | |
| Date Spudded 5-29-59 | Date Compl. Ready to Prod. 5-27-78 | | Total Depth 7800 | | P.B.T.D. 7800 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6686' Gr. | Name of Producing Formation Dakota-Mesa Verde | | Top Oil/Gas Pay 5454 | | Tubing Depth 7546 | | | |
| Perforations 5454 - 7710 | | | | | Depth Casing Shoe 7800 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 15" | 10 3/4" | | 262 | | 190 | | | |
| 8 3/4" | 5 1/2" | | 7800 | | 880 | | | |
| | 1 1/4" | | 7546 | | | | | |

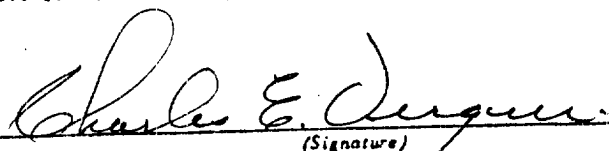
I. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allc
able for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| 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 WELL

| | | |
|---|---------------------------|---------------------------|
| Actual Prod. Test-MCF/D NO NEW TESTS | Length of Test | Bbls. Condensate/MMCF |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) |

I. 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.Superintendent
(Title)

8-26-81

(Date)

OIL CONSERVATION DIVISION
AUG 27 1981

APPROVED _____, 19____

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 deviatl
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allo
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of conditioSeparate Forms C-104 must be filed for each pool in multi
c. lated wells.