

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	
PRORATION OFFICE	

I. Operator
Caulkins Oil Company

Address
P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

II. 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 03547
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				

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 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>A</u> Sec. <u>33</u> Twp. <u>27N</u> Rge. <u>6W</u>	Is gas actually connected? <u>Yes</u> When <u>1978</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		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'	

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED

AUG 19 1983

GAS WELL

Actual Prod. Test - MCF/D 343	Length of Test 24 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Turned on line to Gas Company of New Mexico	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 6-1-78	Choke Size 1ST. 3

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)
8-8-83
(Date)

OIL CONSERVATION DIVISION
AUG 19 1983

APPROVED Frank J. [Signature], 19____
BY _____
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 deviated 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 name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.