STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT

| HO! AND WHITE | | | |
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| DISTRIBUTI | ON | | |
| BANTA FE | | | |
| PILE | | _ | |
| U.8.0.8. | | | |
| LAND OFFICE | | l | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | L., |
| BROS ATION OF | KE | l | 1 1 |

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

DECLIEST COD ALLOWARIE

| ŀ | TRANSPORTER OIL | OIL OIL | | | | | | |
|------------|--|---|------------------------------|---|---|------------------|---------------|--|
| ļ | OPERATOR GAS | AUTHORIZATION TO TRANSP | | AL GAS | | | | |
| | PROBATION OFFICE | | | | | ··· | | |
| | Operator | | | | | | | |
| | Caulkins Oil Company | | | | | | | |
| 1 | P.O. Box 780 Farmington, New Mexico | | | | | | | |
| - | P.O. Box 780 Farmington, New Mexico Control of filing (Check proper box) Control of filing (Check proper box) | | | | | | | |
| - | wwell X Change in Transporter of: | | | | | | | |
| ĺ | Recompletion | Cil Dry Gai | • . 🔲 | | | • | | |
| | Change in Ownership | Casinghead Gas Conden | sate | | | | | |
| ŧ | | | | | | | | |
| 1 | If change of ownership give name and address of previous owner | | | | | | | |
| | | | | . | | | | |
| ٠. | DESCRIPTION OF WELL AND I | Well No. Pool Name, Including Fo | ormation | Kind of Lease | , | Lea | o No. | |
| | Lease Name | 4M Blanco Mesa | | State, Federa | lor Fee Fede | ral NM03 | 547 | |
| | Breech F | 4M Blanco Hesa | VELGE | | | | | |
| | Location F. 152 | O Feet From The South Line | • and 1070 | Feet From | The | East | | |
| Í | Unit Letter 2 + : | reet from the | | _ | | | | |
| | Line of Section 33 Tow | mahip 27 North Range | 6 West , NMPM, | | Rio Arriba | | County | |
| ١ | | | | | | | | |
| n. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | Address (Give address t | a which approv | ved copy of this fo | rm is to be sen | 11) | |
| | Name of Authorized Transporter of Oil | Name of Authorized Transporter of Oil or Condensate (A) | | | gton, New M | | | |
| | Inland Corporation | singhead Gas Or Dry Gas X | Address (Give address t | o which appro- | ved copy of this fo | orm is to be sen | 11) | |
| | Name of Authorized Transporter of Cas Gas Company of Ne | ew Mexico | | | las, Texas | | | |
| | | Unit Sec. Twp. Rge. | Is gas actually connecte | d? Wh | en | | | |
| | If well produces oil or liquids, give location of tanks. | P 33 27N 6W | No | l | | | | |
| | dive lot dilati of talled | th that from any other lease or pool, | give commangling order | number: | | | | |
| v | If this production is commingled with COMPLETION DATA | | | Deepen | Plug Back Sa | me Res'v. Dif | í, Res' | |
| ٧. | | Oil Well Gas Well | New Well Workover | t Deepen | Frag Back | | | |
| | Designate Type of Completic | | X Total Depth | | P.B.T.D. | | | |
| | Date Spudded | Date Compl. Ready to Prod. | 7500 | | , | 7500 | | |
| | 8-23-81 | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | | | |
| | Elevations (DF, RKB, RT, GR, etc.) 6508 Gr. | Mesa Verde | 4748 | | | 5936 | | |
| | Perforations | | | | Depth Casing S | | | |
| | 4748 - 5452 7500 | | | | | | | |
| | TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT | | | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH S | | SACE | | | |
| | 13 3/4" | 9 5/8" | | 00 | 250 | | | |
| | 7 7/8" | 5 1/2" | 750 | 936 | | | | |
| | | 1 1/4" | <u> </u> | 9.30 | | | | |
| | | | after recovery of total volu | me of load oil | and must be equa | l to or exceed | top allc | |
| ¥. | TEST DATA AND REQUEST F | OR ALLOWABLE (less must be able for this d | epth or be for full 24 hours | s / | | | | |
| | OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flor | u. pump, gas l | ift, etc.) | | | |
| | | | L. CEPI | | Choke Size | | | |
| | Length of Test | Tubing Pressure | Casing Pi | | Chore Sire | | | |
| | | | Water - Bile. | | Gas-MCF | | | |
| | Actual Prod. During Test | Oil-Bals. | NOV 8 | - 1981 | H | | | |
| | | | OIL CON | | <i>1</i> | | | |
| | DIST 2 | | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bble. Condemate/MMC | F | Gravity of Con | densate | | |
| l | i | 3 Hours | | | | | | |
| | 1,147 Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Cosing Pressure (Shui | t-in) | Choke Size | | | |
| | Backpressure | 621 | 1053 | | _1 | 3/4" | | |
| VI | CERTIFICATE OF COMPLIAN | ICE | OIL C | ONSERVA | TION DIVISION 28198% |)N | | |
| • • • | | | | UEU | 28 130 | 19 | | |
| | 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. | | APPROVED | ainal Cianad I | L. EDANY T CH | AVE 7 | | |
| | | | BY | | | | | |
| | DOAG IN ILIA BUD COMPLETE TO THE DOLL OF THE DESCRIPTION OF THE DESCRI | | if | | SUPERVIS | OR DISTRICT # | 3 | |
| | | 1 | TITLE | | | | • | |
| A(I, O, I) | | | This form is t | o be filed in | compliance wit | h RULE 1104 | i. deenen: | |
| | 2 Okarles C | luque | 11 | | owable for a new sanied by a tabu | THITTON OF THE . | deviati | |
| | • - | nature) | il seese taken on the | well, this form must be accompanied with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo- | | | | |
| | Superin | All sections of able on new and r | of this form mecompleted | nust be filled ou! wells. | combietery i | #110 | | |
| | | itle) | IL SDIA DU HAM WITH . | | | | of owne | |
| | 10-20-8 | • | 1) | Sections I. | II, III, and VI | for changes | - heibana | |
| | 10-30-8 | • | Fill out only | | II. III, and VI orter, or other audiet be filed for | | | |