

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.L.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Caulkins Oil Company

Address
P.O. Box 780 Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Breech	Well No.	854	Pool Name, including Formation	Basin Dakota	Kind of Lease	State, Federal or Fee	Federal	Lease No.	NM 03733
Location	Unit Letter <u>H</u> ; <u>980</u> Feet From The <u>East</u> Line and <u>1618</u> Feet From The <u>North</u>									
Line of Section	<u>24</u>	Township	<u>26 North</u>	Range	<u>7 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 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 <u>H</u> Sec. <u>24</u> Twp. <u>26N</u> Rge. <u>7W</u>	Is gas actually connected?	No

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 Resv.	Diff. Resv.
		X	X					
Date Spudded	8-19-84	Date Compl. Ready to Prod.	10-11-84	Total Depth	6835'	P.A.T.D.	6835'	
Elevations (DF, RKB, RT, GR, etc.)	6149 Gr	Name of Producing Formation	Dakota	Top Oil/Gas Pay	6668'	Tubing Depth	6720'	
Perforations	6824', 6820', 6810', 6803', 6792', 6777', 6772', 6766', 6760', 6692' and 6676'						Depth Casing Shoe	6835'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	711'	450 sacks (531 Cu.Ft.)
7 7/8"	5 1/2"	6835'	1300 sacks (2004 Cu.Ft.)
	1 1/4"	6720'	

VI. 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 Runs 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.

OCT 24 1984

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
1402	3 Hours		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
Back Pressure	1943	PKR	3/4"

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)

10-18-84

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 24 1984, 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 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 change 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.