

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	1
PHO	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION 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)

Commingled Blanco-Mesa Verde &  
Basin DakotaIf change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Breech F	Well No. 45	Pool Name, Including Formation Blanco-MV, Basin Dakota	Kind of Lease State, Federal or Fee Fed	Lease No. NM-03547
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>27 North</u> Range <u>6 West</u> , NMPM, <u>Rio Arriba</u> County				

## 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)
Shell Pipeline	P.O. Box 940, Bloomfield, New Mexico
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)
Gas Company of New Mexico	1508 Pacific Ave., Dallas, Texas
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>M</u> Sec. <u>35</u> Twp. <u>27N</u> Rge. <u>6W</u> P <u>9</u> <u>26N</u> <u>6W</u>	Yes 1965

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hes'v.	Diff. Hes'v.
		X						
Date Spudded 4-20-65	Date Compl. Ready to Prod. 10-12-79	Total Depth 7642	P.B.T.D. 7620					
Elevations (DF, RKB, RT, CR, etc.) 6592 Gr.	Name of Producing Formation Mesa Verde, Dakota	Top Oil/Gas Pay 4866	Tubing Depth 7565					
Perforations 4866 to 5444 Mesa Verde, 7378 to 7608 Dakota			Depth Casing Shoe 7642					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4	10 3/4	258	200					
8 3/4	5 1/2	7642	925					
	1 1/4	7565						

## 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D 272	Length of Test 24 hrs	Bbls. Condensate/MMCF	Gravity of Condensate Dist. 3
Testing Method (pilot, back pr.) Gas Company of New Mexico	Tubing Pressure (shut-in) 760	Casing Pressure (shut-in) 760	Choke Size 3/4 Plate

## 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 J. Jurek  
(Signature)  
Superintendent  
(Title)  
10-29-79  
(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 5 1979, 19\_\_\_\_  
Original Signed by A. R. Kendrick  
BY \_\_\_\_\_  
SUPERVISOR DISTRICT # 3  
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.