

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	

I. OPERATOR
 Operator Caulkins Oil Company
 Address P.O. Box 780 Farmington, New Mexico
 Reason(s) for filing (check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain) Change Number from 204E to 204M

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Breech A</u>	Well No. <u>204M</u>	Pool Name, including Formation <u>Basin Dakota - Blanco Mesa Verde - Otero Chacra</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF-079035</u>
Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>26 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"/> <u>Inland Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1528 Farmington, New Mexico</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>1508 Pacific Ave. Dallas, Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>9</u>	Twp. <u>26 N</u>	Rge. <u>6 W</u>
Is gas actually connected?	When		<u>Yes</u> <u>12-15-80</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: R-5647

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>						
Date Spudded <u>1-29-53</u>	Date Compl. Ready to Prod. <u>9-25-80</u>	Total Depth <u>7389</u>	P.B.T.D. <u>7389</u>					
Elevations (DF, RNB, RT, GR, etc.) <u>6465' GR</u>	Name of Producing Formation <u>Dakota - Chacra - Mesa Verde</u>	Top Oil/Gas Pay <u>7114</u>	Tubing Depth <u>7216</u>					
Perforations <u>Dakota 7114 - 7342</u>	<u>Mesa Verde 4928 - 5276</u>	<u>Chacra 3744 - 3826</u>	Depth Casing Shoe <u>7389</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>15"</u>	<u>10 3/4"</u>	<u>406</u>		<u>200</u>				
<u>8 3/4"</u>	<u>7"</u>	<u>6591</u>		<u>950</u>				
<u>6 1/4"</u>	<u>4 1/2"</u>	<u>7389</u>		<u>275</u>				
	<u>2 3/8"</u>	<u>7216</u>						
	<u>1 1/4"</u>	<u>5160</u>						

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

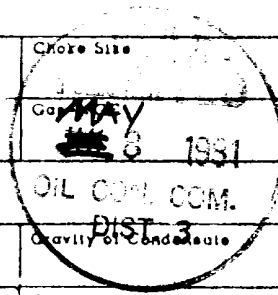
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

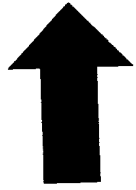
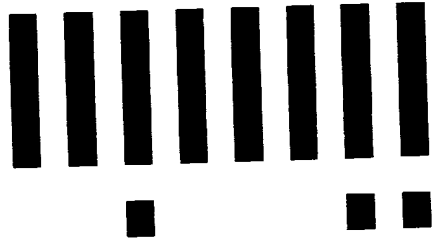
Charles E. Vasquez
 (Signature)
 Superintendent
 (Title)
 5-6-81
 (Date)

OIL CONSERVATION DIVISION

APPROVED MAY 8 1981, 19____
 BY Orlando S. 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 re-completed 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.





LTR



Job separation sheet

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	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

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 <u>Breech "A"</u>	Well No. <u>204M</u>	Pool Name, including Formation <u>Otero Chacra Blanco Mesa Verde</u>	Kind of Lease <u>Federal</u>	Lease No. <u>SF079035</u>
Location				
Unit Letter <u>L</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>			
Line of Section <u>9</u>	Township <u>26 North</u>	Range <u>6 West</u>	<u>NMPM, 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"/>	<u>Giant Refinery Company</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P.O. Box 256 Farmington, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	<u>Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent)	<u>1508 Pacific Ave. Dallas, Texas</u>
If well produces oil or liquids, give location of tanks.	Unit <u>L</u> Sec. <u>9</u> Twp. <u>26 N</u> Rge. <u>6 W</u>	Is gas actually connected?	When <u>12-15-80</u>

If this production is commingled with that from any other lease or pool, give commingling order number: R-5647

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 greater than 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (psoc, back pr.)	Tubing Pressure (Shot-1in)	Casing Pressure (Shot-1in)	Choke Size

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. Weyner
(Signature)
Superintendent
(Title)
8-8-83
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. 1983, 19____
BY Frank J. 1983
TITLE _____

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Separate Forms C-104 must be filed for each pool in multiply completed wells.