

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	
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SANTA FE FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

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 Brech C	Well No. 144	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM 03554
Location Unit Letter A ; 990 Feet From The North Line and 1090 Feet From The East				
Line of Section 12 Township 26 North Range 6 West , NMPM, Rio Arriba 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"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528 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 Sec. Twp. Rge. Is gas actually connected? When A 12 26N 6W Yes 9-26-64

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>						
Date Spudded 7-7-64	Date Compl. Ready to Prod. 11-64	Total Depth 7750	P.B.T.D. 7709					
Elevations (DF, RKB, RT, GR, etc.) 6700 KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 7456	Tubing Depth 7436					
Perforations 7456 - 7685	Depth Casing Shoe 7748							

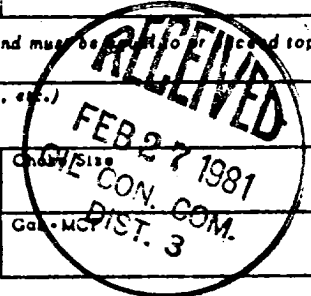
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	466	350
7 7/8"	5 1/2"	7748	1090
	1 1/4"	0-6961	
	2 3/8"	6961-7436	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be at least 100 feet 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 5141	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Backpressure	Tubing Pressure (shut-in) 2378	Casing Pressure (shut-in) 2400	Choke Size 3/4"

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 Vergue
(Signature)
Superintendent
(Title)
2-20-81
(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 27 1981**, 19
Original Signed by **CHARLES GHOLSON**
BY _____
TITLE **DEPUTY OIL & GAS INSPECTOR, DIST. #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 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