

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|--|
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| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| 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: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-------------------------|---|--|------------------------------|
| Lease Name Breech B | Well No. 220R | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal | Lease No. NM 03381 |
| Location | | | | |
| Unit Letter B ; 1750 Feet From The East Line and 944 Feet From The North | | | | |
| Line of Section 14 Township 26 North Range 7 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 |
| | B 14 26N 7W Yes 12-27-79 |

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

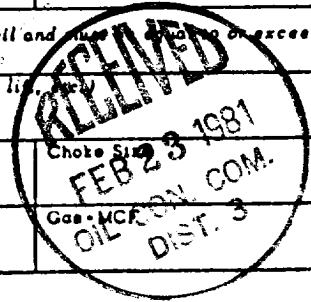
IV. COMPLETION DATA

| | | | | | | | | |
|--|---|--------------------------------|-----------------------------|----------|--------|-----------|--------------|---------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Rest'v. | Diff. Rest'v. |
| | | X | | | | | | |
| Date Spudded 6-1-79 | Date Compl. Ready to Prod. 10-15-79 | Total Depth 7323 | P.B.T.D. 7323 | | | | | |
| Elevations (DF, RAB, RT, CR, etc.) 6537 GR | Name of Producing Formation Dakota | Top Oil/Gas Pay 7050 | Tubing Depth 7230 | | | | | |
| Perforations 7073 - 7240 | Depth Casing Shoe 7323 | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 15 1/4" | 10 3/4" | 360 | 225 | | | | | |
| 8 3/4" | 7" | 7300 | 1188 | | | | | |
| | 2 3/8" | 7153 | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL.

(Test must be after recovery of total volume of load oil and gas produced 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) |
| | | |
| Length of Test | Tubing Pressure | Casing Pressure |
| | | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. |
| | | |



GAS WELL

| | | | |
|---|--|---|---------------------------|
| Actual Prod. Test-MCF/D 963 | Length of Test 3 Hours | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) Backpressure | Tubing Pressure (shut-in) 1719 | Casing Pressure (shut-in) PKR | 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 Vergara
(Signature)

Superintendent

(Title)

2-20-81

(Date)

OIL CONSERVATION DIVISION
FEB 23 1981

APPROVED _____, 1981

BY **Original Signed by FRANK T. CHAVEZ**

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.