

OIL CONSERVATION DIVISION

P. O. BOX 7080
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
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:
 Reg completion 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 State A	Well No. 268E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee State	Lease No. E-291-17
Location Unit Letter <u>P</u> ; <u>1150</u> Feet From The <u>East</u> Line and <u>1170</u> Feet From The <u>South</u> Line of Section <u>16</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"/> 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 P	Sec. 16	Twp. 26N	Rge. 6W
Is gas actually connected?	Yes		When	11-17-80

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.
		X						
Date Spudded 4-20-80	Date Compl. Ready to Prod. 10-3-80	Total Depth 7275	P.B.T.D. 7275					
Elevations (DF, RAB, RT, GR, etc.) 6425 GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7020	Tubing Depth 7153					
Perforations 7020 - 7228	Depth Casing Shoe 7275							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	10 3/4"	293	250					
8 3/4"	7"	7275	1845					
	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 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 2450	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (psol, back pr.) Backpressure	Tubing Pressure (shut-in) 1803	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 24 1981

APPROVED _____
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.