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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Caulkins Oil Company	
Address P.O. Box 780 Farmington, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech	Well No. 307-M	Pool Name, including Formation Basin Dakota-Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. NM03733
Location Unit Letter <u>0</u> ; <u>1120</u> Feet From The <u>South</u> Line and <u>1520</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>26 North</u> Range <u>7 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"/> Giant Refinery Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 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 0	Sec. 13	Twp. 26N	Rge. 7W	Is gas actually connected? No	When

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	X					
Date Spudded 7-30-83	Date Compl. Ready to Prod. 9-21-83		Total Depth 6888'		P.B.T.D. 6888'			
Elevations (DF, RKB, RT, GR, etc.) 6164 GR	Name of Producing Formation Mesa Verde-Dakota		Top Oil/Gas Pay 4534'		Tubing Depth 6682'			
Perforations 4534' to 4756' (Mesa Verde) 6652' to 6818' (Dakota)					Depth Casing Shoe 6682'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		615'		500 sacks(590 Cu.Ft.)			
7 7/8"	5 1/2"		6888'		1400 sacks(2122 Cu.Ft.)			
	1 1/4"		6682'					

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 allow-
able 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	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test - MCF/D 2,110	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-In) 1415	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)
9-29-83
(Date)

OIL CONSERVATION DIVISION
11-15-83 NOV 15 1983
APPROVED _____, 19____
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 allow-
able 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.