## DISTRIBUTION SANTA FE FILE U.S.G.S. TRANSPORTER OIL

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

## REQUEST FOR ALLOWABLE

GAS  OPERATOR  PROBATION OFFICE  Operator	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
Address	Caulkins Oil	Company						
<u> </u>	P.O. Box 780	Farmington,	New Mexi	L <b>c</b> o		57	2	
Reason(s) for filing (Check proper)	r box)			Other (Please				
Recompletion	Ch <del>ange</del> in Tro Oll	Ensporter of:	Sees		Ş:	IP 2 8 19 01		
Change in Ownership	Casinghead G	7	enacte		Oil	COM .		
If change of ownership give nea	ne		· · · · · · · · · · · · · · · · · · ·	<del></del>		0197, 3		
and address of previous owner.					<del></del>			
DESCRIPTION OF WELL A		oi Name, including	Formation		Kind of Leas			<del></del>
Breech E	118-E	Basin Dak		_		. ⊶ F⊶ Feder		9186
Location	10/0				•			
Unit Letter E ;	1840 Feet From Ti	<u> North</u> ∟	ine and	300	_ Feet From	MesWes	<u>t </u>	
Line of Section 1	Township 26 N	orth Mange	6 West	, NMPM		Rio Arriba		County
DESIGNATION OF TRANSP	ORTER OF OIL AN	D NATURAL G	AS-					
Nume of Authorized Transporter of	CIL or Conde	neate 🛣	Address (G			red copy of this fo		nt)
Giant Refinery Co.  Name of Authorized Transporter of Casinghead Gas ar Dry Gas (7)			P.O. Box 256 Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New			1508 Pacific Ave. Dallas, Texas					,,
: If well produces oil or liquids,	Unit Sec. Twp. Rqc. E 1 26N 6W		Is gas actually connected? Wh			en		
If this production is commingled		<del></del>	elve commi	No				
COMPLETION DATA	Off As							
Designate Type of Comple		X Goss Well	New Well.	Workover	Deepen.	Plug Boek Son	ne Restv. Diff	L Restv
i Date Spuides 8 -2 -84	Date Compl. Ready		Total Depti		<del></del>	P.B.T.D.	<del></del>	
1 Elevations (DF, RKB, RT, GR, etc	1///0/	Name of Producing Formation		7775 Top Oil/Gas Pay		7775 Tubing Depth		
6743 Gr	Dakota		7532			7741'		
7548 <sup>1</sup> ,7568 <sup>1</sup> ,7582 <sup>1</sup> ,	766 <b>2'</b> ,7668',767	6 <b>'</b> ,7710 <b>'</b> ,772	20',7732'	.7752 <b>'</b> a	nd 7760'	Depth Casing Sh	<b>⊶</b> 775 <b>¹</b>	
**************************************		IG, CASING, AN				<u> </u>		
HOLE SIZE 12 1/4"		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
7 7/8"	5 1/2"		380 <b>'</b> 7775 <b>'</b>		275 sacks(319 Cu.Ft.) 1450 sacks(2251.50 Cu.Ft			
	1 1/	1 1/2"		7741		1430 Sacks(2231,30 Cu.Ft		
TEST DATA AND BEAUSET	FOR ALLOWART F	#		<del></del>				
TEST DATA AND REQUEST	FUR ALLUWABLE	able for this di	ft <del>er recovery</del> ( ptix or be for )	of total volum full 24 hours)	e of load oil a	nd must be equal	to or exceed to	op allow
. Dato-First New Oil Run To Tanks.	Date of Test		Producing h	iethod (Flow,	pump, gas lift	t, etc.)		
Longth of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Оп-выа.		Woter - Bhia.			Gas-MCF		
GAS WELL								
Actual Prod. Teet-MCF/D	Langth of Test	Langth of Test		negte/MMCF		Gravity of Conde	neste	
1465 Teeting Method (pitot, back pr.)	1	3 Hours						
Back Pressure	1	Tubing Pressure (shet-in) 1657		Casing Pressure (Shut-12) PKR		Choke Size 3/4"		
CERTIFICATE OF COMPLIA	<del></del>				NSERVATI	ON DIVISION		
			10-18-	· . /		_	· -	
hereby certify that the rules an Division have been complied wi	th and that the inform	nation given	APPROV				, 1 <b>\$</b> 7	-
shove is true and complete to t	the best of my knowle	edge and belief.	BY	Urigin	of Signed by	FRANK T. CHAVE	3	
· , ()			TITLE SUPERVISOR DISTRICT # 3					
(1.0.1)	1.2		1			mpliance with		
(Si)	efuce		well, this	form must b	e accompan	ble for a newly ed by a tabulat	ion of the de	
Superintendent			tests taken on the well in accordance with AULE 111.					
(Tule)			All sections of this form must be filled out completely for allowable on new and recompleted wells.					
9-27-84 (Date)			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.					
			Separ completed		C-104 must	be filed for ea	ch pool in m	ultiply