State of New Mexico
Energy, Minerals & Natural Resources Dept.

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
CAULKINS OIL COMPANY	30-039-25250
Address	
P.O. BOX 340, BLOOMFIELD, NM 87413	

Reason(s) for Filing

New Well X
Recompletion ___
Change in Operator ___
Change in Transporter of: Oil ___ Dry Gas ___ Casinghead Gas ___ Condensate ___
___ Other (Please Specify)

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Fed., Fee)	Lease No.
BREECH "E"	602	BASIN FRUITLAND COAL		NM-03551

Location
UNIT N: 790' F/S 1850' F/W
Section 5 Township 26N Range 6W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ___ or Condensate ___	Address
Name Authorized Transporter of Casinghead Gas ___ or Dry Gas X	Address
Gas Company of New Mexico	P.O. Box 1899, Bloomfield, NM 87413

If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					No	

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-30-92	4-1-93	3000'	3000'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6546 GR	Fruitland Coal	~~2734'~~ 2914	2925'
Perforations			**Depth Casing Shoe**
2914' to 2934'			3000'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	282'	319 cu. ft.
7 7/8"	5 1/2"	3000'	743 ~~685~~ cu. ft.
	2 3/8	2925	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

Date First New Oil Run to Tank	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**

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OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1,940	3 hours	0	
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing pressure (Shut-in)**	**Choke Size**
Back Pressure	347	351	3/4

VI. OPERATOR 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.

Robert L Verquer
Signature
Robert L. Verquer, Superintendent
Printed Name Title
May 19, 1993 (505) 632-1544
Date Telephone No.

OIL CONSERVATION DIVISION
DATE APPROVED MAY 20 1993
BY _____
SUPERVISOR DISTRICT #3
TITLE _____

This form is in lieu of Oil Conservation Division form C-104.