NO. OF CTHES RECE	. 5		
DISTRIBUTIO			
SANTA FE	1		
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	1	
OPERATOR		2	
PRORATION OFFICE			
Operator			

1	DISTRIBUTION SANTA FE FILE		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND				
	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS (OPERATOR Z	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
I.	PROPATION OFFICE Operator Couldring Oil Company						
	Caulkins Oil Company Address P.O. Box 780, Farmington, New Mexico Reason(s) for filing (Check proper box) New Well Change in Transporter of:						
	Recompletion Oil Dry Gas A Condensate Casinghead Gas Condensate						
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.			
	Breech A	127 South Blanc	Charles Carles and	or Fee Fed. SF079035-A			
	=	90 Feet From The North Line	e and <u>1650</u> Feet From T	he <u>East</u>			
	Line of Section 8 Tow	nship 26 N Range	6 W , NMPM, Rio Ar	riba County			
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Cas		Address (Give address to which approv	ed copy of this form is to be sent)			
	Gas Company of No	ew Mexico	1508 Pacific Ave.	Dallas Texas			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gus actually connected? Whe	n			
IV.	If this production is commingled wit COMPLETION DATA						
•••	Designate Type of Completio	n — (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod. 3-52	Total Depth	P.B.T.D.			
	3-15-52 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	2933 Top Oil/Gas Pay	Tubing Depth			
	6472 Gr.	Pictured Cliffs	2856	281,9 Depth Casing Shoe			
	Open	Open Hole 2859-2933 O TUBING, CASING, AND CEMENTING RECORD		2859			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 1/4"	8 5/8"	497	170			
	7 7/8"	5 1/2"	2859 2849	200			
		<u>L."</u>	2049				
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size			
VI	. CERTIFICATE OF COMPLIAN	RTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION		ATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION APPROVED BY Original Signed by A. R. Kendrick TITLE				
			TITLE				
Cotalla E. Clerque			This form is to be filed in compliance with RULE 1104.				
		nature)	well, this form must be accompanied by a tabulation of the daylation tests taken on the well in accordance with RULE 111.				
	·	itle)	All sections of this form must be filled out completely for allowable on new and recompleted wells.				
1	1–10–75	ale)	well name or number, or transport	II. III. and VI for changes of owner, rten or other such change of condition. at be filed for each pool in multiply			
			G completed wells.				