

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

EX-100 (SEE INSTRUCTIONS)	1
EX-101 (SEE INSTRUCTIONS)	1
EX-102 (SEE INSTRUCTIONS)	1
EX-103 (SEE INSTRUCTIONS)	1
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EX-200 (SEE INSTRUCTIONS)	1

Operator Caulkins Oil Company	
Address P.O. Box 780, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☒	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain) Deepened and Commingled	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breach A	Well No. 125	Pool Name, Including Formation Otero Chacra South Blanco-PC	Kind of Lease State, Federal or Fee	Lease No. SF 079035-A
Location Unit Letter <u>D</u> ; <u>860</u> Feet From The <u>North</u> Line and <u>1120</u> Feet From The <u>West</u>				
Line of Section <u>8</u> Township <u>26 North</u> Range <u>6 West</u> , NMPLM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	1508 Pacific Ave., Dallas, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When Yes 1954

If this production is commingled with that from any other lease or pool, give commingling order number: R-5648

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			X
Date Spudded 6-5-54	Date Compl. Ready to Prod. 10-5-79	Total Depth 3980		P.B.T.D. 3980					
Elevations (DF, RKB, RT, GR, etc.) 6570 Gr.	Name of Producing Formation Pictured Cliffs-Chacra	Top Oil/Gas Pay 2934		Tubing Depth 3807					
Perforations 2956 to 3938				Depth Casing Shoe 3980					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15 1/4		10 3/4		402		175			
8 3/4		7		2937		200			
6 1/8		4 1/2		3980		170			

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 510	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 411	Casing Pressure (Shut-in) 416	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 E. Vargas
(Signature)
Superintendent
(Title)
10-15-79
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY Original Signed by A. B. ...
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.