

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	5
DISTRIBUTION	
SALES	
FILE	
REGS.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator
Caulkins Oil Company

Address
P.O. Box 780, Farmington, New Mexico

Reason(s) for filing (check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech A	Well No. 625	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SI-079035-A
Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West				
Line of Section 8 Township 26 North Range 6 West , NMPM, Rio Arriba 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"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, 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 Sec. Twp. Rge. Is gas actually connected? When Yes 1965

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.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
Date Spudded 6-10-65	Date Compl. Ready to Prod. 10-15-79	Total Depth 7600	P.B.T.D. 7580					
Elevations (DF, RKB, RT, GR, etc.) 6693 Gr.	Name of Producing Formation Dakota	Top Oil/Gas Pay 7330	Tubing Depth 7301					
Perforations No Changes			Depth Casing Shoe 7593					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	10 3/4	455	175
8 3/4	7	6881	200
6 1/8	4 1/2	6205 to 7593	150
	2 3/8	7468	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total _____ of load oil and must be equal to or exceed top allowable for this depth or be for full 24 _____)

Date First New Oil Run To Tanks	Date of Test	Producing Method (_____ comp, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Dble.	Water-Dble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Dble. Condensate/MCF	Gravity of Condensate
No new tests. Well now on Deliverability tests.			
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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. Deque
(Signature)
Superintendent
(Title)
10-15-79
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY Original Signature

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 allowables 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.