

OIL CONSERVATION DIVISION
P. O. BOX 7000
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SEAL OF THE STATE OF NEW MEXICO	
DISTRIBUTION	
RECEIVED	
FILE	
USE	
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)

New Well ☐Recompletion ☒Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech A	Well No. 175E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-079035-
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 8 Township 26 N Range 6 W , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipeline	P.O. Box 940 Bloomfield, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 B	Sec. 8	Twp. 26N	Rge. 6W	Is gas actually connected? NO	When

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't.	Diff. Res't.
		X		X	X			X
Date Spudded 3-17-53	Date Compl. Ready to Prod. 10-13-80		Total Depth 7400		P.B.T.D. 7400			
Elevations (DF, RKB, RT, GR, etc.) 6482 GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7130		Tubing Depth 7322			
Perforations 7130 - 7356 Dakota					Depth Casing Shoe 7400			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10 3/4"		499.5		200			
8 3/4"	7"		6620		950			
6 1/4"	4 1/2"		6490 - 7400		275			
	2 3/8"		7322					

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 greater than 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 2,903	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Backpressure	Tubing Pressure (Shut-in) 1603	Casing Pressure (Shut-in) PKR	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.


(Signature)
Superintendent
(Title)
11-3-80
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 13 1980, 19
BY Original Signed by CHARLES GHOLSON
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
FILE	
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 <input type="checkbox"/>	Commingled Chacra & Mesa Verde
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

1. DESCRIPTION OF WELL AND LEASE

Lease Name Breesh A	Well No. 175E	Pool Name, including Formation Otero Chacra, Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. SF-079035-
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line of Section 8 Township 26 N Range 6 W , NMPM, Rio Arriba County				

2. 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 940 Bloomfield, 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 B Sec. 8 Twp. 26N Rge. 6W	Is gas actually connected? No When _____

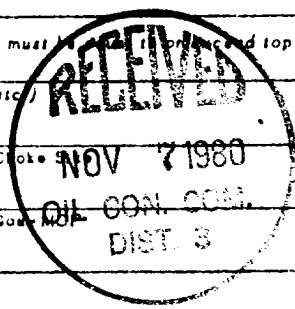
If this production is commingled with that from any other lease or pool, give commingling order number: **R-5647**

3. 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 3-17-53	Date Compl. Ready to Prod. 10-13-80	Total Depth 7400		P.B.T.D. 7400				
Elevations (DF, RKB, RT, GR, etc.) 6482 GR	Name of Producing Formation Chacra & Mesa Verde	Top Oil/Gas Pay 3776		Tubing Depth 5340				
Perforations 3776 - 3848 Chacra 4567 - 5286 Mesa Verde				Depth Casing Shoe 7400				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
15"	10 3/4"	499.5		200				
8 3/4"	7"	6620		950				
6 1/4"	4 1/2"	6490 - 7400		275				
	1 1/4"	5340						

4. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be 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	Close
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.



GAS WELL

Actual Prod. Test-MCF/D 1543	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Backpressure	Tubing Pressure (shut-in) 1471	Casing Pressure (shut-in) 1471	Choke Size 3/4"

5. 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. Vergara
(Signature)
Superintendent
(Title)
11-3-80
(Date)

OIL CONSERVATION DIVISION
NOV 15 1980
APPROVED _____, IS
Original Signed by FRANK T. CHAVEZ
BY _____
TITLE **SUPERVISOR DISTRICT # 3**

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.
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