

OIL CONSERVATION DIVISION

P. O. BOX 2008

SANTA FE, NEW MEXICO 87501

Form 104
Revised 10-1-70REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
FILE	
MAIL	
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



Change in Transporter of:

Recompletion



Oil



Dry Gas



Change in Ownership



Casinghead Gas



Condensate



Other (Please explain)

Commingled

Chacra and Mesa Verde zones

If change of ownership give name
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name Breech E	Well No. 68E	Pool Name, Including Formation Chacra and Blanco Mesa Verde	Otero	Kind of Lease State, Federal or Fee Federal	Lease No. NM03551
Location					
Unit Letter L	1980	Feet From The South	Line and 660	Feet From The West	
Line of Section 4	Township 26 North	Range 5 West	NMPM,	Rio Arriba	County

3. 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 L	Sec. 4	Twp. 26N	Rge. 6W	Is gas actually connected? When No

If this production is commingled with that from any other lease or pool, give commingling order number: R -6266

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Same Resrv.	Diff. Resrv.
		X		X				X
Date Spudded 5-6-53	Date Compl. Ready to Prod. 8-25-80		Total Depth 7392		P.B.T.D. 7392			
Elevations (DF, RAB, RT, GR, etc.) 6482 DF	Name of Producing Formation Chacra & Mesa Verde		Top Oil/Gas Pay 3816		Tubing Depth 5318			
Perforations 3816 to 3948 (Chacra) 5030 to 5310 (Mesa Verde)					Depth Casing Shoe 7270			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10 3/4"		445		175			
8 3/4"	7"		6641		950			
6 1/8"	4 1/2"		6470 to 7392		225			
	1 1/4"		5318					

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 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 1062	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (shut-in) 1049	Casing Pressure (shut-in) 1067	Choke Size 3/4"

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.



Superintendent

(Title)

10-13-80

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 13 1980

Original Signed by CHARLES GHOLSON

BY DEPUTY OIL & GAS INSPECTOR DIST #3

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.

Recomplete Form 10-104 must be filed for each well in multiple