

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

1.	PRORATION OFFICE		
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TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Caulkins Oil Company

P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>

Change in Transporter of:

CU ☐

Dry Gas ☐

Casinghead Gas ☐

Condensate ☒

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Breech "E"	583M	Basin Dakota	State, Federal or Free Federal	NM03551
Location				
Unit Letter	L	: 1925 Feet From The	South Line and	720 Feet From The
Line of Section	5	Township	26 North Range	6 West, NMPM;
			Rio Arriba	County

II. 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)	
Giant Refinery Company					P.O. Box 256 Farmington, 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	5	26N	6 W	Yes	12-15-80

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

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

7. 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	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 Vergara
(Signature)

Superintendent

(Title)

8-8-83

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

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 allowance 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.