| HOAL MIGHT AND IN | IMC LA | !! ! <i>!</i> | | • 1 |
|-------------------|--------|-------------------|---|-----|
| ** ** ***** | **** | | | |
| but transiti | 1111 | - | | |
| EAHIAFE | | | | |
| FILE | | - | | |
| U 1 0.1. | | _ | - | |
| LAND GFFIE | | | | |
| | 601 | | | |
| TRANSPORTER | GAS | | | |
| GPTRATOR | : | | _ | |
| | | | - | |

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11.

OIL CONSERVATION DIVISION

| EARTA FE | | W MEXICO 87501 | | | | |
|---|--|---|--|--|--|--|
| LAND GPFICF | REQUEST FO | R ALLOWABLE | | | | |
| TRANSPURTER GAS | | AND | | | | |
| PAUNATION OFFICE | AUTHORIZATION TO TRANS | PORT OIL AND NATUR | (AL GAS | | | |
| Caulkins 0 1 Compa | ny | | | | | |
| P.O. Box 780 | Farmington, Nev | √ W Mexico | | | | |
| Person(s) for filing (Check proper box | ., | Other (Please | explain) | | | |
| Recompletion | Change in Transporter of: Oil Dry Go | 4 | | | | |
| Change In Ownership | Casinghead Gas Conde | risale X | | | | |
| If change of ownership give name and address of previous owner | | | | | | |
| DESCRIPTION OF WELL AND | LEASE. Well No. Pool Name, Including F | | Kind of Lease | | | |
| Breech E | 54 Basin Dakot | · 1 | State, Federal or Fee Federal | NM 03551 | | |
| Location Unit Letter A : 9 | 90 Feet From The North Lir | ne and 990 | Feet From The East | | | |
| Line of Section 4 To | wnahip 26 NorthRange | 6 West , NMPM, | Rio Arriba | County | | |
| DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | ıç | | | | |
| Rene of Authorized Transporter of Cil | | Address (Give address to | which approved copy of this form is t | o be sent) | | |
| Inland Corporation Name of Authorized Transporter of Ca | | P.O. Box 1528 Address (Give address to | Farmington, New 1 | | | |
| Gas Company of New | Mexico | 1508 Pacific Ave. Dallas, Texas | | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. A 4 26N 6W | 1s que actually connected Yes | when 1963 | | | |
| If this production is commingled wi COMPLETION DATA | th that from any other lease or pool, | give commingling order | | ı'v, Dill, Res'v. | | |
| Designate Type of Completion | | i i i i i i i i i i i i i i i i i i i | The state of the s | | | |
| Date Spudded 11-3-63 | Date Compl. Ready to Prod. 11-63 | Total Depth 7483 | P.B.T.D. 7430 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6489 KB | Name of Producing Formation Dakota | Top Oil/Gas Pay 7170 | Tubing Depth 7171 | | | |
| Perforations 7181 - 7389 | <u> </u> | | Depth Casing Shoe 7482 | | | |
| | | CEMENTING RECORD | | | | |
| 13 1/4" | 9 5/8" | DEPTH SET SACKS CEM | | | | |
| 6 3/4" | 4 1/2" | 7482 | 7482 650 | | | |
| | 2 3/8" | 7171 | | ·· | | |
| TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be a | feer recovery of total volumenth or he for full 24 hours! | of load oil and | exceed top allow- | | |
| Date First New Oil Hun To Tanks | Date of Test | Producing Method (Flow, | | \ | | |
| Length of Test | Tubing Pressure | Casing Pressure | FEB 2 7 1981 | 1 | | |
| Actual Prod. During Tool | Oil-Bbis. | Water - Bble. | 194. GEN. COM | | | |
| <u></u> | | | DIST. 3 | / | | |
| GAS HELL | | 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | I Comment Continued | | | |
| Actual Prod. Tool-MCF/D | Length of Teet | Bbis. Condensate/MMCF | Gravity of Condensate | | | |
| Teeting Method (print, back pri) | Tubing Pressure (Shut-in) | Cosing Pressure (Shut- | Choke Size | | | |
| CERTIFICATE OF COMPLIAN | CE | OIL CONSERVATION DIVISION FEB 27 1981 | | | | |
| I hereby certify that the rules and a Division have been complied with | and that the information given | APPROVED Capacita and a second | | 19 | | |
| above to true and complete to the | best of my knowledge and belief. | DEPUTY OIL & GAS INSPECTOR, DIST. #3 | | | | |
| | j | This form is to t | be filed in compliance with MULE | 1104. | | |
| Charles C | lequil | If this is a request for allowable for a newly drilled or despaned well, this form must be accompanied by a tabulation of the deviation | | | | |
| , - | ntendent | tests taken on the well in accordance with MULK 111. | | | | |
| (1) | (Inte) able on new and recompleted wells. | | | | | |
| 2-20 | | Well Rame or number; | or transporter, or other such chang | • of condition. | | |

Separate Poims C-104 must be filed for each pool in multiply