

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

API 30-039-21997

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Caulkins Oil Company

Address

P.O. Box 780, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Commingled Chacra and Mesa Verde
Dual Complete DakotaIf change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Breech	Well No. 224-A	Pool Name, Including Formation Blanco-Mesa Verde-Otero Chacra	Kind of Lease State, Federal or Fee	Lease No. NM-03733
Location				
Unit Letter D	790	Feet From The West	Line and 978	Feet From The North
Line of Section 13	Township 26 North	Range 7 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)	
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 C	Sec. 9
	Twp. 26 N	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-5922

III. 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					
Date Spudded 6-19-79	Date Compl. Ready to Prod. 10-15-79		Total Depth 7320		P.B.T.D. 7320			
Elevations (DF, RKB, RT, GR, etc.) 6499 Gr.	Name of Producing Formation Chacra and Mesa Verde		Top Oil/Gas Pay 3605		Tubing Depth 5180			
Perforations 3618 to 3716 and 5022 to 5142					Depth Casing Shoe 7320			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	10 3/4	365	225
8 3/4	7	7320	1030
	1 1/4	5180	

IV. 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 1926	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1024	Casing Pressure (Shut-in) 994	Choke Size 3/4

V. 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.

OIL CONSERVATION DIVISION

APPROVED NOV 1 1979, 19BY Original Signature of A. T. HendrickTITLE SUPERVISOR COMPLAINT

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 allow-
able 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 Form C-104 must be filed for each pool in multiply
completed wells.

Superintendent

10-23-79

(Date)