

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
Caulkins Oil CompanyAddress
P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Regeneration	<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 checked="" type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Breech B	Well No. 220R	Pool Name, including Formation South Blanco PC - Blanco MV	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03381
Location Unit Letter <u>B</u> ; <u>1750</u> Feet From The <u>East</u> Line and <u>944</u> Feet From The <u>North</u> Line of Section <u>14</u> Township <u>26 North</u> Range <u>7 West</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528 Farmington, 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. 14	Twp. 26N	Rge. 7W	Is gas actually connected? Yes	When 12-27-79

If this production is commingled with that from any other lease or pool, give commingling order number: R-5926

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 6-1-79	Date Compl. Ready to Prod. 10-15-79		Total Depth 7323		P.B.T.D. 7323			
Elevations (DF, RKB, RT, GR, etc.) 6537 GR	Name of Producing Formation Pictured Cliffs- MV		Top Oil/Gas Pay 2720		Tubing Depth 5190			
Perforations 2720 - 5162					Depth Casing Shoe 7323			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 15 1/4"	CASING & TUBING SIZE 10 3/4"	DEPTH SET 360	SACKS CEMENT 225
8 3/4"	7"	7323	1188
	2 3/8"	5190	

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 1005	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Backpressure	Tubing Pressure (shut-in) 579	Casing Pressure (shut-in) 519	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)2-20-81
(Date)

OIL CONSERVATION DIVISION

FEB 23 1981

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ

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.

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.

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