

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF RECEIPT	
OPERATOR	
WELL NO.	
WELL NAME	
WELL TYPE	
WELL STATUS	
WELL LOCATION	
TRANSPORTER	
OPERATOR	
OPERATION OFFICE	

Caulkins Oil Company

Address
P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (check proper box)

New Well ☒	Change in Transporter of:	Other (Please explain)
Recompletion ☐	Oil ☐ Dry Gas ☐	Otero Chacra Commingled
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐	Blanco Mesa Verde

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

III. DESCRIPTION OF WELL AND LEASE

Lease Name Breech E	Well No. 54E	Pool Name, including Formation Chacra & Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. NM 03551
Location Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>26N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 940 Bloomfield, New Mexico					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ 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 P	Sec. 4	Twp. 26N	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-6266

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		X	X					
Date Spudded 5-29-80	Date Compl. Ready to Prod. 10-23-80	Total Depth 7410	P.B.T.D. 7410					
Elevations (DF, RKB, RT, GR, etc.) 6461 GR	Name of Producing Formation Chacra & Mesa Verde	Top Oil/Gas Pay 3890	Tubing Depth 5301					
Perforations 3890 - 3900 Chacra 5098 - 5276 Mesa Verde			Depth Casing Shoe 7410					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 13 3/4"	CASING & TUBING SIZE 10 3/4"	DEPTH SET 330	SACKS CEMENT 200					
8 3/4"	7"	7410	1675					
	1 1/4"	5301						

VI. 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)

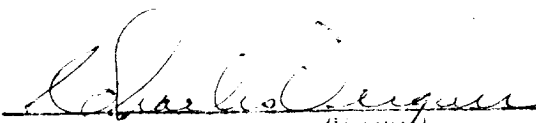
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1,118	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (shot-in) 975	Casing Pressure (shot-in) 975	Choke Size 3/4"

VII. 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)
11-4-80
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 5 1980, 19
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 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.

Separate forms O-104 must be filed for each pool in multiply completed wells.