

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OF SPECIAL INTEREST	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

I. **Operator**  
Caulkins Oil Company

**Address**  
P.O. Box 780 Farmington, New Mexico

**Reason(s) for filing (Check proper box)**  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

**Other (Please explain)**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. **DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Breech C	<b>Well No.</b> 248E	<b>Pool Name, including Formation</b> Otero Chacra-Blanco Mesa Verde	<b>Kind of Lease</b> State, Federal or Fee Federal	<b>Lease No.</b> NM 03554
<b>Location</b> Unit Letter <u>D</u> : <u>960</u> Feet From The <u>North</u> Line and <u>850</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>26 North</u> Range <u>6 West</u> , NMPM, <u>Rio Arriba</u> County				

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Corporation	<b>Address (Give address to which approved copy of this form is to be sent)</b> P.O. Box 1528 Farmington, New Mexico
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	<b>Address (Give address to which approved copy of this form is to be sent)</b> 1508 Pacific Ave. Dallas, Texas
<b>If well produces oil or liquids, give location of tanks.</b> Unit <u>D</u> Sec. <u>13</u> Twp. <u>26N</u> Rge. <u>6W</u>	<b>Is gas actually connected?</b> Yes <b>When</b> 11-24-80

If this production is commingled with that from any other lease or pool, give commingling order number: R-6267

IV. **COMPLETION DATA**

<b>Designate Type of Completion - (X)</b>	<input type="checkbox"/> Oil Well	<input checked="" type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
<b>Date Spudded</b> 5-7-80	<b>Date Compl. Ready to Prod.</b> 10-23-80		<b>Total Depth</b> 7549		<b>P.B.T.D.</b> 7549			
<b>Elevations (DF, RKB, RT, GR, etc.)</b> 6615 Gr	<b>Name of Producing Formation</b> Chacra-Mesa Verde		<b>Top Oil/Gas Pay</b> 3978		<b>Tubing Depth</b> 5460			
<b>Perforations</b> 3978 - 4070 (Chacra) 5216 - 5478 (Mesa Verde)					<b>Depth Casing Shoe</b> 7549			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
<b>HOLE SIZE</b> 13 3/4"	<b>CASING &amp; TUBING SIZE</b> 10 3/4"		<b>DEPTH SET</b> 424		<b>SACKS CEMENT</b> 250			
<b>8 3/4"</b>	<b>7"</b>		<b>7549</b>					
	<b>1 1/4"</b>		<b>5460</b>					

V. **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)

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

**GAS WELL**

<b>Actual Prod. Test-MCF/D</b> 779	<b>Length of Test</b> 3 Hours	<b>Bbls. Condensate/MMCF</b>	<b>Gravity of Condensate</b>
<b>Testing Method (pilot, back pr.)</b> Backpressure	<b>Tubing Pressure (shut-in)</b> 913	<b>Casing Pressure (shut-in)</b> 913	<b>Choke Size</b> 3/4"

VI. **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)  
2-20-81  
(Date)

OIL CONSERVATION DIVISION  
FEB 27 1981  
APPROVED  
Original Signed by CHARLES ONOLSON  
BY \_\_\_\_\_  
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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.