ENERGY AND MINERALS DEPARTMENT

TIGIT AND THINKS			
	1740		
DISTRIBUTION			
BANTA FE			
PILE			
U.S.G.S.			
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL		
	BAD		
OPERATOR			
		7	

· OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

i.	OPERATOR PROPATION OFFICE	AGRATION 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:					
	Recompletion	Casinghead Gas Conder	asate VY			
	Change in Ownership	Control Conde	isde KX)	· · · · · · · · · · · · · · · · · · ·		
	If change of ownership give name and address of previous owner		· · · · · · · · · · · · · · · · · · ·			
	DECEMBERON OF WELL AND	FACE				
u.	DESCRIPTION OF WELL AND I	Weil No. Pool Name, Including F	,			
	Breech "E"	64M Basin Dal	cota State, Fed	eral or Fee Federal NM 03551		
	Location 7 155	55 Feet From The South Lin	a and 1770 From From	m The Fast		
	Unit Letter J: 155	DD Feet From The SOULH Lin	e andFeet Fro	m ine <u>rast</u>		
	Line of Section 1 Tow	mship 26 North Range	6 West , NMPM, R	io Arriba County		
/TT	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.s			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil						
Giant Refi		finery Company	P.O. Box 256 Farmington, New Mexico			
		y of New Mexico	1508 Pacific Ave			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		When		
	give location of tanks.	j 1 26N 6W	Yes	11-20-81		
TV	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:			
	Designate Type of Completio	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	6-26-81	8-24-81	7800 *	7800 '		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	6754 GR	Dakota	7548 '	7698 Depth Casing Shoe		
		to 7751'		7800 '		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	9 5/8"	285 t	SACKS CEMENT		
	7 7/8"	5 1/2"	7800 '	1338		
		2 1/16"	7698			
		D AVYOWADIE (Transmission	1	oil and muss he equal to an exceed ton alla		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able 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		
			<u> </u>	3		
	GAS WELL		T	Gravity of Condensate		
	Actual Prod. Test-MCF/D 1147	Length of Test 3 Hours	Bbis. Condensate/MMCF	Gravity of Condensation		
	Testing Method (pitot, back pr.)	Tubing Preseure (Shat-in)	Cosing Pressure (Shut-in)	Choke Size		
	Back Pressure	1603	PKR	3/4"		
VI.	I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVIS					
	I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given		APPROVED AUG 191983 . 19			
	above is true and complete to the best of my knowledge and belief.			SUPERVISOR DISTRICT # 3		
	1 l. l. E Verguer		TITLE			
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen.			
(Signature) Superintendent		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 allowed.				
						(Tule) 8-8-83
	0-0-03		[] Fill out only Sections I	, 11, 111, and vi to changes or		
		ite)	well name or number, or trans;	porter, or other such change of conditions to be filed for each pool in multip		