STATE OF NEW MEXICO
SY AND MINERALS DEPARTMENT

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	BANTA PE			
	FILE			
	U.S.G.S.			
	LAND OFFICE	1_		
	TRANSPORTER	OIL		
		GAS		
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	BECKATION OF	1 1		

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

	REQUEST FOR ALLOWABLE  TRANSPORTER OIL AND  OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  PRORATION OPPICE							
-	Caulkins Oil Company							
	P.O. Box 780 Farmington, New Mexico							
	Reason(s) for filing (Check proper box)		Other (Pleas	e explainj				
	New Well Recompletion	Change in Transporter of:  Cil Dry Gas	. 🗆					
	Change in Ownership	Casinghead Gas Conden	sate XX			<del></del>		
	If change of ownership give name and address of previous owner	· · · · · · · · · · · · · · · · · · ·						
II.	DESCRIPTION OF WELL AND L	EASE.   Well No.   Pool Name, Including Fo	ormation	Kind of Lease		Lease No.		
	Lesse Name Breech "E"	64 M Blanco Me		State, Federai	orFee Federal	NM 03551		
	Location Unit Letter J : 155	5 Feet From The South Line	• cand1770	Feet From T	he East			
		nship 26 North Range	6 West , NMP	м, Ric	Arriba	County		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S		La California			
	Name of Authorized Transporter of Oil	of Oil or Condensate X Address (Give address to which approve						
	Giant Refinery Name of Authorized Transporter of Cas	P.O. Box 256 Farmington, New Mexico  Address (Give address to which approved copy of this form is to be sent)						
	!	of New Mexico			Dallas, Texas			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  J 1 26 N 6 W	Is gas actually connec	whe	12-17~81			
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling ord	er number:				
17.	Designate Type of Completio	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Re	s'v.' Dill. Res'		
		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	Date Spudded 6-26-81	9~10-81	7800 <b>'</b>		7800'			
	Elevations (DF, RKB, RT, GR, etc.) 6754 GR	Name of Producing Formation  Mesa Verde	Top Cil/Gas Pay 5030		Tubing Depth 5757			
	Perforations		Depth Casing Shoe 7800*					
	5728 to 5030 7800 7800 TUBING, CASING, AND CEMENTING RECORD							
	101 5 517 5	CASING & TUBING SIZE	DEPTH		SACKS CE	MENT		
	13 3/4"	9 5/8"	285		250			
	7 7/8"	5 1/2"	7800		1338			
		1 1/4"	5757		<u> </u>			
V.	EST DATA AND REQUEST FOR ALLOWABLE (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)							
	OIL WELL Date First New Oil Run To Tanks	in the second se			7 07 ED FED			
			Casing Pressure		Choke Size			
	Length of Test	Tubing Pressure						
	Actual Prod. During Test	Cil-Bbls.	Water - Bbls.		Gan - MCF			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MN	ACF	Gravity of Condensat	( <del>-</del>		
	609	3 Hours	Casing Pressure (Sh	mt-1n)	Choke Size			
	Testing Method (pitot, back pr.)  Back Pressure	Tubing Pressure (Shut-in) 709	709		3/4"			
VI.	CERTIFICATE OF COMPLIAN	CE	OIL	CONSERVAT	TION DIVISION			
			APPROVED		<u> </u>	. 19		
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.			BY 2000. Way					
	annac to tine and comberre to		TITLE		U SUPERVISOR	DISTRICT # 3		
	$\cdot$	``	This form is to be filed in compliance with RULE 1104.					
	1111 8	Vernuer -	11	If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati				
	(Sign	(Signature)			rdance with MULE 1	11.		
	Superintendent (Tule)		All sections	of this form mu	ist be filled out com;	letely for allo		
	8-8-83	able on new and		t tit and VI for ch	langes of owne			
		ora i	Fill out only Sections 1, 11, 111, and value of condition well name or number, or transporter, or other such change of condition					

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

(Date)