

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator
Caulkins Oil Company

Address
Post Office Box 780, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change Well Name from State A 113 E
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	to
		Dry Gas	<input type="checkbox"/>	State Comm 113E
		Condensate	<input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Comm	Well No. 113E	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	State E-291-19 E-291-26
Location Unit Letter <u>P</u> ; <u>1110</u> Feet From The <u>South</u> Line and <u>550</u> Feet From The <u>East</u>				
Line of Section <u>2</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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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"/>	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. 2	Twp. 26N	Rge. 6W	Is gas actually connected? Yes	When 11-20-81

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		X	X					
Date Spudded 6-8-81	Date Compl. Ready to Prod. 9-10-81		Total Depth 7730		P.B.T.D. 7730			
Elevations (DF, RKB, RT, GR, etc.) 6646 Gr.	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 4920		Tubing Depth 5743			
Perforations 4920 to 5547					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4	9 5/8"		289		250			
7 7/8	5 1/2		7730		1338			
	1 1/4		5743					

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)

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 751	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1053	Casing Pressure (Shut-in) 1087	Choke Size 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 E. Deque
(Signature)
Superintendent
(Title)
11-20-81
(Date)

OIL CONSERVATION DIVISION

APPROVED Burt J. Chung, 19 81
BY 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 deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 multi-