

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator Caulkins Oil Company	
Address P.O. Box 780 Farmington, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input checked="" type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State TX <u>CO</u>	Well No. 113 E	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee State	Lease No. E-291-26 E-291-17
Location Unit Letter <u>P</u> : <u>1110</u> Feet From The <u>South</u> Line and <u>950</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) Giant Refinery Company P.O. Box 256 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) Gas Company of New Mexico 1508 Pacific Ave. Dallas, Texas	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 2
	Twp. 26 N	Rge. 6 W
	Is gas actually connected? Yes	
	When 12-17-81	

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						
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' - 5547'					Depth Casing Shoe 7730'			
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 allc 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

GAS WELL

Actual Prod. Test-MCF/D 751	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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. Verguer
(Signature)
Superintendent
(Title)
8-8-83
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY E. L. T. O.
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 deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allo able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio
Separate Forms C-104 must be filed for each pool in multipl completed wells.