NERGY AND MINERALS DEPARTMENT

(1110		_
	DISTRIBUTION			_
	SANTA FE			_
	FILE			_
	U.1.G.1.		_	_
1	LAND OFFICE		_	
	TRANSPORTER	OIL	_	
		BAD		
	OPERATOR			
1.	PROBATION OFFICE			1

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

	LAND OFFICE	REQUEST FOR ALLOWABLE									
TRANSPORTER OIL AND NATURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS											
ŀ	OPERATOR	AUTHO	RIZATION TO TRANSPO	RT OIL AND NATU	KAL GAS						
ı. [PROBATION OFFICE										
-	Caulkins Oil Com	nanv	.•								
ŀ	Address										
1	P.O. Box 780	Farmington	n, New Mexico								
ŀ	Reason(s) for filing (Check prop	er boz)	in Transporter of:	Other (Please	ezplain)						
1	New Well				_						
l	Recompletion	OII	Dry Gas	H			•				
١	Change in Ownership	Casing	ead Gas Condens	ate []							
		ame									
1	If change of ownership give n and address of previous owne										
۵.	DESCRIPTION OF WELL	AND LEASE.	o. Pool Name, including For	mation	Kind of Lease		Lease No.				
	Lease Name	323	1		State, Federal	or Fee Federal	<u>NM-03554</u>				
	Breech C		Basin baketa								
	Location	. 1120 Feet From The South Line and 1020 Feet From The East									
	Unit Letter;	F 641 F	rom the								
	Line of Section 14	Township 2	6 North Range	6 West , NMPN	a, Ri	o Arriba	County				
	Line of Section			-			•				
П	DESIGNATION OF TRANS	PORTER OF O	L AND NATURAL GAS	5	to which approv	ed copy of this form i	s to be sent)				
ш.	Name of Authorized Transporte	ot Off O	Condensate XX								
	Inland Corporati	Inland Corporation				P.O. Box 1528 Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporte	lame of Authorized Transporter of Casinghead Gas or Dry Gas [X]									
	Gas Company of N			1508 Pacific Ave. Dallas, Texas Is gas actually connected? When							
	If well produces oil or liquids,		ec. Twp. Rge.	No No							
	give location of tanks.	P	14 ; 26N ; 6W			<u></u>					
	If this production is comming	led with that from	any other lease or pool,	give commingling orde	er number:						
IV.	COMPLETION DATA		Oil Well Gas Well	New Well Workover		Plug Back Same F	Restv. Diff. Rest				
	Designate Type of Con	npletion - (X)	X	X			1 1_,				
			I. Ready to Prod.	Total Depth		P.B.T.D.					
	Date Spudded 8-02-81	1	8-81	7601		7601					
	Elevations (DF, RKB, RT, GR.	etc. Name of P	oducing Formation	Top Oil/Gas Pay		Tubing Depth					
	6678 Gr. Dakota			7330	7330		7512				
	Perforations					Depth Casing Shoe 7601					
	7576 - 7330										
	1510 1935		TUBING, CASING, AND	CEMENTING RECO	RD	SACKS C	FMENT				
	HOLE SIZE	CAS	ING & TUBING SIZE	DEPTH SET		250					
	13 3/4"		9 5/8"	7601		1338					
	7 7/8"		5 1/2"	7512							
			2 1/16"	/ / / /	/312						
					1 of land all	and must be equal to	or exceed top allo				
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 top al able for this depth or be for full 24 hours)										
٠	OIL WELL	OIL WELL Date First New Oil Run To Tanks Date of Test				ift, etc.)					
	Date First New Oil Run To Te	Date of									
		Tubing Pr	******	Casing Pressure		Choke Size					
	Length of Test				January						
	Actual Prod. During Test	Oti-Bbis.		Water - Bbls.	3	Ges - MCF					
	Actual From During 1				/ 532	West Wind					
					1 00	T 13 1981					
	GAS WELL					Grantin of Conde	egte				
	Actual Prod. Test-MCF/D	Actual Prod. Test-MCF/D Length of Test		Bbie. Condensate/Mi	OIL	CON."COM."					
	1,600		3 Hours	Casing Pressure (Shut-in)		DIST. S					
	Teeting Method (pitot, back ;	r.) Tubing P	essure (Shut-in)	Casing Pressure (Shut-11) PKR		3/4	, ¹¹				
	Backpressure		1703								
v	. CERTIFICATE OF COM	PLIANCE		OIL CONSERVATION DIVISION NOV 9 Original Signed by FRANK T. CHAVEZ							
•											
	I hereby certify that the ru	les and regulation	of the Oil Conservation								
	I hereby certify that the ru Division have been compl above is true and complete	ied with and that te to the best of	my knowledge and belief.	SUPERVISOR DISTRICT # 3							
	shove is time and comple	•									
	. ()	^		TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat							
	\sim $/$ $/$ \wedge	S/)									
	& oli . V.	,6.	eque.								
	- the	(Signature)				well, this form must be accompanied by a touch tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowed malle.					
	S	Superintendent '				nust be filled out co	ombierary for err				
		(Title)		able on new and	1 secombiated	er vir and VI for	changes of own				
		10-8-81		Fill out only Sections I. II. III, and VI for changes of owr							

(Date)

Fill out only Sections I. II. III, and VI for changes of owne 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.