ERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		
BANTA FE		
PILE		
U.S.G.S.		
LAND OFFICE		
THANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

· OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Caulkins Oil Company Address P.O. Box 780 Farmington, New Mexico Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Dry Gas Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner. DESCRIPTION OF WELL AND LEASE ell No. | Pool Name, Including Formation Kind of Lease Lease No. Sanchez 1E Basin Dakota SF 079304 Location South Line and __ 1825 West Feet From The Feet From The 24 26 North Range 6 West , NMPM, Rio Arriba County Township Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate 🖔 Name of Authorized Transporter of Oil P.O. Box 1528 Farmington, New Mexico Inland Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 📉 P.O. Box 990 Farmington, New Mexico El Paso Natural Gas Company Unit Is gas actually connected? When If well produces oil or liquids, 6W No ! 24 26N K give location of tarks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back | Same Res'v. Diff. Res' Gas Well Oil Well Designate Type of Completion - (X) X Date Compl. Ready to Prod. Total Depth Date Spudded 7500**'** 7500 7-17-81 5-22-81 Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 7282¹ 7421 6676' Gr. Dakota Depth Casing Shoe Perforations 75001 7282 - 7496 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 250 9 5/8" 285 13 3/4" 5 1/2" 7500 1316 7 7/8" 2 1/16" 7421 (Test must be after recovery of total volume of load oil and must be equal to or exceed top alloable for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Proping Tubing Pressure Length of Test Oil - Bble. Actual Prod. During Test AUG2 4 1981 OIL CON. COM. **GAS WELL** Gravity of Condensate Cond DIST MBICF Actual Prod. Test-MCF/D Length of Test 1388 3 Hours en (swit-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 3/4" Backpressure **OIL CONSERVATION DIVISION** CERTIFICATE OF COMPLIANCE APPROVED. 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. Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or deepenwell, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with MULE 111. (Signature) 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 owner well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multig

Superintendent (Title)

> 8/12/81 (Date)