

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATOR OFFICE	

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

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Sanchez	Well No. 1E	Pool Name, including Formation Chacra-Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. SF 079304
Location Unit Letter <u>K</u> ; <u>1715</u> Feet From The <u>South</u> Line and <u>1825</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>26 North</u> Range <u>6 West</u> , NMPM, <u>Rio Arriba</u> County				

II. 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)
Inland Corporation	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)
El Paso Natural Gas Company	P.O. Box 990 Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>K</u> <u>24</u> <u>26N</u> <u>6W</u>	<u>No</u>

If this production is commingled with that from any other lease or pool, give commingling order number: R-6588

V. COMPLETION DATA

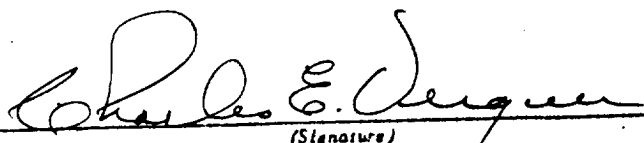
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 5-22-81	Date Compl. Ready to Prod. 7-17-81	Total Depth 7500'	P.B.T.D. 7500'					
Elevations (DF, RKB, RT, GR, etc., 6676' Gr.	Name of Producing Formation Mesa Verde - Chacra	Top Oil/Gas Pay 3940	Tubing Depth 5427'					
Perforations 3940 - 3962 Chacra 5286 - 5466 Mesa Verde			Depth Casing Shoe 7500'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	285	250					
7 7/8"	5 1/2"	7500	1316					
	1 1/4"	5427						

VI. 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 1274	Length of Test 3 Hours	Bbls. Condensate/MCF OIL COND. COM. DIST. 5'	Gravity of Condensate
Testing Method (pilot, back pr.) Backpressure	Tubing Pressure (shut-in) 698	Casing Pressure (shut-in) 1033	Choke Size 3/4"

I. 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.



Superintendent

(Title)

8/12/81

(Date)

OIL CONSERVATION DIVISION

OCT 19 1981

APPROVED _____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 2

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 multiple.