OIL CONSERVATION DIVISION P. O. BOX 2088

DISTRIBUTION			
SANTA FE			
PILE			
U.S.Q.S.			
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL	[
	GAS		
OPERATOR			
PROBATION OFFICE			i

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

OPERATOR DAS	AUTHORIZATION TO TRANSP		RAL GAS			
Operator Operator			á			
Caulkins Oil Com	oany			Ŀ.	 	
Address	inatan Nov. Mariaa			و المارية	/	
Reason(s) for filing (Check proper box)	mington, New Mexico	Other (Please	explain)			
New Well	Change in Transporter of:			The Control of the Co		
Recompletion	Cil Dry Gas					
Change in Ownership	Casinghead Gas Condens	sare 🔲				
If change of ownership give name and address of previous owner						
I. DESCRIPTION OF WELL AND L	EASE. Well No. Pool Name, Including Fo	emation	Kind of Lease		Lease No.	
Lease Name		State Federal a		or Fee Federal NM 0355		
Breech D	685E Blanco Mesa	Verde	L	reneral	1 44 0222	
Unit Letter P : 8581	Feet From The South Line	gand 927 1	Feet From T	he East		
Line of Section 11 Town	ship 26 North Range 6	West , NMPM	i, I	Rio Arriba	County	
	AND MATURAL CAR	5				
I. DESIGNATION OF TRANSPORTI	or Condensate 🔼	Address (Give address	to which approv	ed copy of this form is t	o be sens)	
Inland Corporation		P.O. Box 1528	Farming	ton. New Mexico)	
Name of Authorized Transporter of Casis	nghead Gas or Dry Gas X	P.O. Box 1528 Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)				
Gas Company of N		1508 Pacific		las, Texas	<u> </u>	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	ls gas actually connect	1 Hite:			
give location of tanks.	P 11 26N 6W	No	r number:			
If this production is commingled with V. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	'v. Diff. Res'	
Designate Type of Completion	$=(X)$ \mathcal{I}	Х	, ,			
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	•	
6-07-82	8-3-82	7500	.	7500 Tubing Depth	 _	
Ziovania (Di , Kilb), Ki , Okt, Cizi)	Name of Producing Formation	Top Oil/Gas Pay 5090		5477		
6529 GR	Mesa Verde	3030		Depth Casing Shoe		
5430-5090				7500		
3430 3030	TUBING, CASING, AND				4ENT	
HOLE SIZE	CASING & TUBING SIZE	3201 3/6			250	
13 3/4" 7 7/8"	9 5/8" 5 1/2"	7500'		1300		
7 778	1 1/4"	5477				
		<u> </u>		<u>i</u>		
V. TEST DATA AND REQUEST FO	R ALLOWABLE (Test must be a)	fter recovery of total volu pth or be for full 24 hour	ume of load oil (and must be equal to or	exceed top allo	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lif	i, etc.)		
Date First New Cir Ruit 10 12:122						
Length of Test	Tubing Pressure	Casing Pressure	,	Choke Size		
		Water-Bbis.		Gae-MCF		
Actual Prod. During Test	Cil-Bbls.	174.01				
		<u> </u>				
GAS WELL			_	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	J.F	Gravity of Condensate	•	
1204 Teeting Method (pitot, back pr.)	3 Hours Tubing Pressure (shut-in)	Casing Pressure (Shu	t-in)	Choke Size		
Back Presser	1022	1166		3/4		
1. CERTIFICATE OF COMPLIANCE		15-4-82 OIL C	CONSERVAT	TON DIVISION		
		10-483		4 1982	. 19	
I hereby certify that the rules and regulations of the ordered		11	APPROVED			
		BY Construction of 43				
		TITL BEPUTY GIL & GAS INSPECTOR, DIS #3				
		This form is t	to be filed in	compliance with RUL	E 1104.	
((() () () () ()	shill -	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 deviation tests taken on the well in accordance with RULE 111.				
(Signa	tyre)					
Sperin	tenient	All sections of this form must be filled out completely for allo		letaly for allow		
(Title) able on new and recompleted wells. Fill out only Sections I, II, III, and VI for charge the section of the particular or other such change.						
; · · · ·		Il Fill out only	Jecijulie I, I an or franknor	ren or other such ther	nge of condition	