ERGY AND MINERALS DEPARTMENT

	1740		
DISTRIBUTION			
SANTA FE			
FILE			Ш
U.1.G.8.		ļ	
LAND OFFICE		ا	$\Box$
TRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR			
PROPATION OFFICE			

V.

6-6-83

(Dote)

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROMATION OFFICE						
Operator Caulkins Oil Co	mpany					
Address	New Maria					
P.O. Box /80 Fa  Reason(s) for filing (Check proper box)	rmington, New Mexico	Other (Please	explain)			
	Change in Transporter of:	·				
New Weil	Oil Dry Gas					
Recompletion A	Casinghead Gas Condens	sate				
Change in Ownership			· <del> ,</del>			
f change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND I	LEASF.		Kind of Lease		Legae No.	
Lease Name	Well No. Pool Name, including to	State Federal of Fee		E-291-25		
State "B" Comm	233-E Basin Dako	ta.	31410, 1 042141	or Fee State	E-231 17	
Location	U.S Wort to	1740	Feet From T	he South		
Unit Letter K : 17	15 Feet From The West Line					
Line of Section 16 Tow	mship 26 North Range	6 West NMPM	Rio A	rriba	County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s		I I ali a fare in	to be sent!	
Name of Authorized Transporter of Oil	or Condensate 🐧	Addiesa (O.De addiese				
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 Transporter of Cas						
Gas Company of New		1508 Pacific Ave., Dallas, Texas				
If well produces oil or liquids, give location of tanks.	K 16 26N 6W	Yes		2-10-83		
	th that from any other lease or pool,	give commingling order	number:			
If this production is commingled with COMPLETION DATA			Deepen	Plug Back   Same Re	s'v. Diff. Res'	
Designate Type of Completion	on - (X)   Gas Well   X	New Well Workover	l !	1	 	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	•	
5-20-82	9-4-82	75 <b>2</b> 0'		7520		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay Tubing Depth				
6669 Gr	Dakota	7211'		Depth Casing Shoe		
Perforations 7266 -	7/12/1			7520 <b>'</b>		
7200	TUBING, CASING, AND	CEMENTING RECOR	D			
HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CE		
13 3/4"	9 5/8"	322'		250(290 Cu Ft		
7 7/8"	5 1/2"	7520		1300(2005 Cu	Ft)	
	1 1/4"	7416	·	+		
		<u> </u>		i	exceed top allo	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volu pth or be for full 24 hours	<b>5</b> )			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	u, pump, gas li	ift, etc.)		
Data First New Oil 1100 15						
Length of Test	Tubing Pressure	Casing Pressure	현고 19 · ·	Choke Saze		
		Water - Bbls.		God - MCF		
Artual Prod. During Test	OII-Bbis.	114,101	a san ann an t-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
GAS WELL	11/4T F					
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC	F	Gravity of Condensa		
1642	3 Hours	Casing Pressure (Shat	-in)	Choke Size	<u> </u>	
Teeting Method (pitot, back pr.)	Tubing Pressure (shut-in)	PKR	,,	3/4	, 1	
Back Pressure	1834	·	ONSERVA	TION DIVISION		
CERTIFICATE OF COMPLIAN	CE	Ji. C				
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.  BY Original Signed by INDER.  TITLE This form is to be filed in complete in the best of my knowledge and belief.  Clansform is to be filed in complete in this is a request for allowable well, this form must be accompanied with and that the information given  BY Original Signed by INDER.  TITLE SIMPLEMENTSOR DISTRICT # 2  This form is to be filed in complete well, this form must be accompanied with and that the information given  BY Original Signed by INDER.		APPROVED 1983				
		√E7				
		RUPEPVISOR DISTRICT # 1				
		1116				
		This form is to be filed in compliance with RULE 1104.				
		If this is a request for allowable for a newly drilled or deepen				
		il taken on the well in accordance with note it.				
Superintendent	/	All sections of	f this form m	ust be filled out comp	pletely for all	
(Title)		If wpre ou new and t	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 condities

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