

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	
PRODUCTION 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 Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "B" Comm	Well No. 233-E	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	State State	Lease No. E-291-25 E-291-17
Location Unit Letter <u>K</u> ; <u>1715</u> Feet From The <u>West</u> Line and <u>1740</u> Feet From The <u>South</u> Line of Section <u>16</u> Township <u>26 North</u> Range <u>6 West</u> . NMPM, <u>Rio Arriba</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528 Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1508 Pacific Ave., Dallas, Texas
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>16</u> Twp. <u>26N</u> Rge. <u>6W</u>	Is gas actually connected? When Yes 2-10-83

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 5-20-82	Date Compl. Ready to Prod. 5-4-83	Total Depth 7520'	P.B.T.D. 7520'					
Elevations (DF, RKB, RT, GR, etc.) 6669 Gr	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4646'	Tubing Depth 5142'					
Perforations 5164' to 5376'			Depth Casing Shoe 7520'					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	322'	250(290 Cu Ft)
7 7/8"	5 1/2"	7520'	1300(2005 Cu Ft)
	2 1/16"	5142'	

V. 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

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JUN 1 1983
OIL CON. DIV.
DIST. 3

Actual Prod. Test-MCF/D 1022	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 966	Casing Pressure (shut-in) PKR	Choke Size 3/4"

VI. 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.

Charles Desjardins
(Signature)
Superintendent
(Title)
6-6-83
(Date)

OIL CONSERVATION DIVISION
APPROVED JUN 1 1983, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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 deviated 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.