

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 87499

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

SEP 28 1984

OIL CON. DIV.  
DIST. 3

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lessee Name Reuter	Well No. 321-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF079185
Location Unit Letter <u>P</u> ; <u>934</u> Feet From The <u>South</u> Line and <u>1022</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>26 North</u> Range <u>6 West</u> , NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refinery Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 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>P</u> Sec. <u>15</u> Twp. <u>26N</u> Rge. <u>6W</u> Is gas actually connected? <u>No</u> When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 7-17-84	Date Compl. Ready to Prod. 9-18-84	Total Depth 7470'	P.B.T.D. 7470'					
Elevations (DF, RKB, RT, GR, etc.) 6563 Gr	Name of Producing Formation Dakota	Top Oil/Gas Pay 7181	Tubing Depth 7333'					
Perforations 7426', 7416', 7410', 7394', 7372', 7340', 7329', 7325', 7220', 7208' and 7202'			Depth Casing Shoe 7470'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	390'	290
7 7/8"	5 1/2"	7470'	250 sacks (412.50 Cu. Ft.)
	1 1/2"	7333'	1350 sacks (2086.50 Cu. Ft.)

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 1119	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-In) 1239	Casing Pressure (Shut-In) PKR	Choke Size 3/4"

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 Vergara*  
(Signature)

Superintendent  
(Title)

9-26-84  
(Date)

OIL CONSERVATION DIVISION

10-18-84  
APPROVED OCT 18 1984, 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 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 multiply completed wells.