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DISTRIBUTION

### OIL CONSERVATION DIVISION

# P. O. BOX 2088

	FILE	SANIA FE, I	NEW MEXICO	2/8/301						
	LAND OFFICE REQUEST FOR ALLOWABLE									
	TRANSPORTER GAS AND									
1.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
	Operator									
	Caulkins Oil Co	ompany		<del> </del>		<del>"                                    </del>	<del></del>			
	P.O. Box 780 Fa	armington, New Mexico	87499		. "	-8.	•			
	Reason(s) for filing (Check proper box New Well XX	Change in Transporter of:	0	ther (Please'e	xplain)					
	Recompletion	· ·	ry Gas		00Tp	3 Mar 4.7				
	Change in Ownership	Casinghead Gas C	ondensate 📑	ensate P						
	If change of ownership give name and address of previous owner									
<b>51</b>	DESCRIPTION OF WELL AND LEASE									
•	Lease Name	Well No. Pool Name, Include	ing Formation	K	ind of Lease	<del> </del>	Lease No.			
	Breech "B"	220-M Basin I	Dakoț <u>a</u>	_   S	tate, Federal	or F⊶ Federal	NM03381			
		056 Feet From The North		197	Foot Foot T	. West				
	Onit Letter;						<del></del>			
	Line of Section 14 Tov	wnship 26 North Range	7 West	, NMPM,	Ri	o Arriba	County			
Π.	DESIGNATION OF TRANSPORT					ed copy of this form is				
	Nome of Authorized Transporter of Oil Giant Refinery		1			on, New Mexico				
	Name of Authorized Transporter of Cas					ed copy of this form is				
	Gas Company of			Pacific A						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge E 14 26N 7W	i i	lo	l when	1	· -			
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA									
	Designate Type of Completion	on - (X) Oil Well Gas We	1	Workover	Deepen	Plug Back   Same Re	e'v. Diff. Rest			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
	8-3-85	10-11-85		68251		68251	·			
·	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation  Dakota	Top Oll/Gas	6602	1					
ŀ	6112 GR Perforations		0002		Depth Casing Shoe					
	6607 <b>'</b> to	6783' (Dakota)				68 <b>2</b> 5				
}	HOLE SIZE	TUBING, CASING,		DEPTH SET	<del> 1</del>	SACKS CE	MENT			
ł	12 1/4"	9 5/8"		4 <b>1</b> 9'		250 Sacks(295				
į	7 7/8"	5 1/2"		5825 <b>'</b>		1300 Sacks(2004 Cu.)				
-		1 1/4"		6701 <b>'</b>						
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must	be after recovery o	of total volume	of load oil a	ne must be equal to or	exceed top allo			
	OIL WELL Date First New Oil Run To Tanks	able for th	le depth or be for f		mmp. egs lift.	etc.)				
- 1	Date Little New Off May 10 1mirs	Test 10 tanks Dir Hmu 10 tanks			Producing Method (Flow, pump, gas lift, etc.)					
ľ	Length of Test	Tubing Pressure	Casing Pres	Casing Pressure		Choke Size				
ł	Actual Prod. During Teet	Oil-Bbis.	Water - Bbls.			Gas-MCF				
Į										
٢	GAS WELL Actual Prod. Test-MCF/D	Length of Teet	Bble. Conde	nagte/MMCF		Gravity of Condensati				
	1685	3 Hours								
T	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 2148	Casing Pres	PKR	•)	Choke Size	<i>L</i> 11			
L	Back Pressure				JEEDVATI	·	4			
(. (	CERTIFICATE OF COMPLIANC	1 .	OCT 3 0 1985							
1	hereby certify that the rules and re	ion APPROV								
1	Division have been complied with above is true and complete to the	lef. BY	Or	iginal Signed	by FRANK T. CHAVE	<del></del>				
•		TITLE	TITLE SUPERVISOR DISTRICT # 3							
		11								
	Charles & (Signa		- 1	Cravity of Condensate  3/4"  NSERVATION DIVISION  OCT 3 0 1985  riginal Signed by FRANK T. CHAVEZ  SUPERVISOR DISTRICT # 3  e filed in compliance with RULE 1104.  at for allowable for a newly drilled or deepene						
-	(Signa	well, this	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.							

above	is	true	and	complete	to the	best	of m	y know!	ledge an	d pener.
•		,	/	1)		1				
	1		J.	a la	تع ر	$\left( \cdot \right)$	13.	*	,	
		4-20			(Sign	atwe)	X			
			Su	perint	enden	t	$\mathcal{L}$			
			-		(Ti	tle)				
			1 (	7-22-85						

(Date)

All sections of this form must be filled out completely for allow able 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 completed wells.

#### ENERGY AND MINERALS DEPARTMENT

	1440	
DISTRIBUTIO	N N	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR	. 1.	
PROBATION OFF	ICE	

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#### OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

## REQUEST FOR ALLOWARIE

TRANSPORTER GAS AND									
OPERATOR	AUTHORIZATION TO TRA		AND NATI	PAL GAS					
PROPATION OFFICE	RORATION OFFICE								
Operator									
Caulkins	Oil Company								
				<u> </u>					
P.O. Box	P.O. Box 780 Farmington, New Mexico 87499								
Reason(s) for filing (Check proper bo			Other (Please	explain)		*			
New Well	Change in Transporter of:	_			·	:			
Recompletion	Oil Dr	y Gas		ي تورية	0123 <sub>1025</sub> - 1	e.			
Change in Ownership	Casinghead Gas Ca	ondensate			en e				
Mahana of amanahin sina sama				· · · · · · · · · · · · · · · · · · ·	10 10 10 10				
<ul> <li>If change of ownership give name and address of previous owner</li> </ul>				;					
. DESCRIPTION OF WELL AND					,				
Lease Name	Well No. Pool Name, Includir	ng Formation		Kind of Leas		Lease No			
Breech "B"	220-M Blanco M	lesa. Verde	-	State, Federa	or Fee Federal	имоззв1			
Location				•					
Unit Letter E : 205	6 Feet From The North	Line and 11	.97	Feet From	The West				
			19. j.						
Line of Section 14 To	ownship 26 North Range	7 Wes	t , NMPM,	Rio A	rriba	County			
					· · · · · · · · · · · · · · · · · · ·	<del></del>			
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	GAS							
Name of Authorized Transporter of Of	or Condensate 🔯	Address (	Give address t	o which appro	ved copy of this form i	s to be sent)			
Giant Ref	inery Company	P.O.	Box 256	Farmingt	on, New Mexico	87499			
Name of Authorized Transporter of Co	singhead Gas or Dry Gas				ved copy of this form i				
Gas Compa	ny of New Mexico	1508	Pacific	Ave. Dal	las, Texas				
If well produces oil or liquids,	Unit Sec. Twp. Rge.		ually connecte			<del></del>			
give location of tanks.	E 14 26N 7W		No	i					
If this production is commingled with COMPLETION DATA	in that from any other lease or po	oi, give comm	rugitug order	number:					
	Oil Well Gas Wel	l New Well	Workover	Deepen	Plug Back   Same R	les'v. Diff. Res'			
Designate Type of Completic	on — (X)	. x	1	1	1				
Date Spudded	Date Compl. Ready to Prod.	Total Dept	i h	<u> </u>	P.B.T.D.	<u> </u>			
8-3-85			 682	5 1	6825	: 1			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	T 011 65				, '			
6112 GR	Mesa Verde	Top OU/G	• •		Tubing Depth 4642				
<u> </u>	Hesa verde		3910						
P <del>erforduons</del> 4557¹ to 4674¹ (Mesa Verde)					Depth Casing Shoe	•			
4557 to	<del></del>				6725	<del></del>			
	TUBING, CASING, A	ND CEMENT	NG RECORE	)	·				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SE	T	SACKS CEMENT				
12 1/4"	9 5/8"		419 <b>'</b>		250 Sacks(295 Cu.Ft.)				
7 7/8"	5 1/2"		68 <b>2</b> 5		1300 Sacks(2004 Cu.Ft.				
	1 1/4"		4642'						
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must b	e after recovery	of total volum	e of load oil	and must be sevel to a	anneed top allo			
OIL WELL		depth or be for			and meet by editor to o	- entrees top attor			
Date First New Oil Run To Tanks	Date of Teet	Producing	Method (Flow,	pump, gas lif	t, etc.)				
Length of Teet	Tubing Pressure	Casing Pre	Casing Pressure		Choke Size				
! 1		İ							
Actual Prod. During Teet	Oil-Bbis.	- Water - Bble	l.		Gas-MCF				
	<del></del>	<u>-</u> -		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
GAS WELL									
Actual Prod. Test-MCF/D	Length of Test	Bhis. Cond	ensete/MMCF		Gravity of Condenses				
892	_								
Testing Method (pitot, back pr.)	3 Hours Tubing Pressure (Shut-in)	Coalog Bro	sswe (Shut-i	-1	Choke Size				
• 1	736	County Pie	913	,		••			
Back Pressure	· · · · · · · · · · · · · · · · · · ·	<del>-  </del>	<del></del>		3/4	."			
CERTIFICATE OF COMPLIANC	Æ	ij	OIL CO	NSERVAT	ION DIVISION				
					oct so	ī0 <b>0E</b>			
I hereby certify that the rules and re	n   APPROY	/ED		<u> </u>	(J <b>9</b> J				
Division have been compiled with	,	^	riginal Sinn-	J h. EDARW T CHAP	<b></b>				
spoke to time and combists to the	true and complete to the best of my knowledge and belief.			The state of the s					
	TITLE SUPERVISOR DISTRICT # 2								
	)	11	This form is to be filed in compliance with RULE 1104.						
Charles E. C.		11							
MOMINSIA IN U	USUII .	_ II If th	is is a reque	at for allowe	able for a newly dril	senegeed to Det.			

(Signature)

Superintendent ( (Title)

10-22-85

(Date)

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.