NERGY AND MINERALS DEPARTMENT ---DISTRIBUTION SANTA PE FILE U.L.G.1. LAND OFFICE TRANSPORTER

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

REQUEST FOR ALLOWABLE	/
AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL	GAS

Operator		· · · · · · · · · · · · · · · · · · ·			
Address	Caulkins Oil Company				•
Address	D O D 700 D		(a)	e a r i m r	बा है लखेर- से के के
Reason(s) for filing (Check propo	P.O. Box 780 Farmingto	n. New Mexico Other (Pl	ease explain	ECEIVE	
New Well X	Change in Transporter of:		. II/I		
Recompletion	Oit	Dry Gas		AUG 0 8 1985	
Change in Ownership	Castngheed Gas.	Condensate-		L CON. DIV	,
If change of ownership give na and address of previous owner				DIST. 3	r
DESCRIPTION OF WELL A	Well No. Pool Name, Inc	leding Formation	Kind of Leas	Je	Legse No.
Sanchez	4-R Basin	Dakota	_ State, Feder	mi or Fee Federal	SF .079304
Location	1550	1750	•	1	
Unit Letter F	1550 Feet From The West	Line and1750	Feet From	The North	
Line of Section 25	Township 26 North Ro	nge 6 West , Nw	IPM,	Rio Arriba	County
DESIGNATION OF TRANSF	ORTER OF OIL AND NATUR	AL GAS		•	
Name of Authorized Transporter of	of Oil or Condensate	Address (Give addre	_	ved copy of this form is	to be sent)
Giant Refinery Con				on, New Mexico	12.62 2221
El Paso Natural Ga				on, New Mexico	to be sent/
If well produces oil or liquids,		is gas actually cons			
give location of tanks.	F 25 26N	6W No	<u> </u>		
If this production is commingled COMPLETION DATA	d with that from any other lease o	r pool, give commingling or	der number:		
Designate Type of Comp	letion — (Y)	Weil New Weil Workov	or Deepen.	Plug: Back Same Re	e'v. Diff. Ree'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u>-</u>
6-2-85	7-26-85	7.5	5251	7525 ¹	
Elevations (DF, RKB, RT, GR, etc. 6662 GR	Dakota	Top Oll/Gas Pay 7192		Tubing Depth	
Perforations.	Darcoca	/192		7339 Depth Casing Shoe	
7216' to	7456' (Dakota)			75251	
HOLE SIZE	TUBING, CASING	G, AND CEMENTING REC		T	
12 1/4"	9 5/8"		361	260 Sacks (306	
7 7/8"	5 1/2"			1300 Sacks (200	
	2 1/16	<u>" 7339</u>			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test ma	st be after recovery of total vo	lume of load oil i	and must be send to on	
OIL WELL	able for	this depth or be for full 24 ho	we)		racted top ditou
Dato First New Oil Russ To Tanks	Date of Teet	Producing Method (Fi	ow, pump, gas iif	t, etc.)	
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bhis.	Wetter - Bhis.		Gas-MCF	
Wilder Lions against 1 and		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			A	<u> </u>	
Actual Prod. Tool-MCF/D	Length of Test	Bbis. Condensate/MM	CF	Gravity of Condenegte	
3,143	3 Hours				
Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coaing Pressure (She	rt-1=)	Choke Size	0.44.11
Back Pressure	1242	PKR			3/4"
ERITIFICATE OF COMPLIA	INCE			ION DIVISION	4005
	d regulations of the Oil_Conserve			AUG 23	1985
	ith and that the information give the best of my knowledge and be		Original	Signed by FRANK T. C	HAVEZ
. /)		TITLE		SUPERVISOR DISTRIC	T 雅 3
1 () 0				ompliance with RULE	
1 Husling	Jusuel	If this is a re	quest for allowe	able for a newly drille	d or deepened
	ignatury	well, this form mu	at be accompan	ied by a tabulation of lance with RULE 111	the deviation
Superintendent	(Title)		of this form mus	t be filled out comple	
8-5-85		Fill out only	Sections I. II.	III. and VI for chan	gee of owner,
	(Date)	well name or numb	er, or transporte	s, or other such chang	of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE-OF NEW MEXICO

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DISTRIBUTIO	DW		
SANTA PE			
FILE			
U.S.G.S. LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF	ICE		

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

REQUEST FOR ALLOWABLE

ı.	TRANSPORTER GAS OPERATOR PROMATION OFFICE		AND NSPORT OIL AND NATURAL GAS						
		Caulkins Oil Company							
	Address		07/00						
	Reason(s) for filing (Check proper ba	O. Box 780 Farmington, Ne	Other (Please	e explain	EGETTE	\$ 32 m			
	New Well X	Change in Transporter of:		M					
	Recompletion Change in Ownership		msate-		AUG 0 8 1935	•			
	If change of ownership give name and address of previous owner	Change of ownership give name			OIL CON. Last				
TT	DESCRIPTION OF WELL AND	1 FACE			\ Dist. 3				
ш.	Lease Name	Well No. Pool Name, Including I		Kind of Leas		Lease No.			
	Sanchez Location	4-R SMIMO Mesa V	/erde -	State, Federa	lorF⊶ Federal	SF 07930			
	T	50 Feet From The West L	ne-ond 1750'	Feet From:	neNorth				
	0.5		**						
	Line of Section 25 To	wmship 26 North Range	6 West , NMPM	•	Rio Arriba	County			
II.		TER OF OIL AND NATURAL GA							
	Name of Authorized Transporter of OL Giant Refinery Compan		P.O. Box 256 H	• •	ped copy of this form is t	o be sent)			
	Name of Authorized Transporter of Ca	ssinghead Gas 🔲 or Dry Gas 🔯	Address (Give address	to which approx	ved copy of this form is t	o be sentj			
	El Paso Natural Gas Co	Ompany Unit Sec. Twp. Rge.	P.O. Box 900 H						
	If well produces oil or liquids, give location of tanks.	F 25 26N 6W	No	t i	m.				
1	If this production is commingled wi	th that from any other lease or pool,	give commingling order	number					
٧.	COMPLETION DATA	Oil Well Gas Well	New Well. Workover.	Deepen	Plug Back: Same Res	rv. Diff. Restv.			
	Designate Type of Completic	on – (X)	Х		1				
Ì	Date Spudded	Date Compl. Ready to Prod.	Total Depth:		P.B.T.D.				
	6-2-85 Elevations (DF, RKB, RT, GR, etc.)	7-26-85 Name of Producing Formation	7525		7525 Tubing Depth				
	6662' GR	Mesa Verde	4660'		5347				
ſ	Perforations.	40 /020 / (Manage Wares 1)			Depth Casing Shoe				
}	3376	to 4938' (Mesa Verde) TUBING, CASING, AND	ND CEMENTING RECORD		7525				
į	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEM	ENT			
	12 1/4"	9 5/8"	426		260 Sacks (306				
ŀ	7 7/8"	5 1/2" 2 1/16"	7525		1300 Sacks(200	<u>)4 Cu.Ft.)</u>			
t									
-	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total velui rpth or be for full 24 hours	ne of load oil a)	ind must be equal to or e	resed top allow			
Ī	Date First New Cil Russ To Tonks	Date of Teet	Producing Method (Flow		i, etc./				
		Tubing Pressure	Casing Pressure		Choke Size				
	Length of Test	I mind blassma	Custing Prosses						
	Actual Prod. During Test	OII-Bhis.	Water - Bbis.		Gas-MCF				
·-	GAS WELL								
Γ	Actual Prod. Teet-MCF/D 3,316	Langth of Test-	Bbis- Condensate/MMCF	•	Gravity of Condensate				
-	Testing Method (pitot, back pr.)	3 Hours Tubing Pressure (Shut-13)	Casing Pressure (Shut-	·1=)	Choke Size				
L	Back Pressure	1064	917	·	3/4"				
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.			0.1.1						
							TITLE SUPERVISOR DISTRICT 第 3		
									ompliance with RULE
			If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.			the deviation			
			Superintendent			All sections of	this form mus	t be filled out comple	
	(Tie	le)	able on new and rec	completed we	ila.				
	8-5-85 (Da	10)	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 moleted wells.