State of New Mexico
Energy, Minerals & Natural Resources Dept.

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
CAULKINS OIL COMPANY	3003924386
Address	
P.O. BOX 340, BLOOMFIELD, NM 87413	

Reason(s) for Filing

New Well ___ Change in Transporter of:
Recompletion ___ Oil ___ Dry Gas ___
Change in Operator ___ Casinghead Gas X Condensate ___
___ Other (Please Specify)

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Fed., Fee)	Lease No.
BREECH "C"	144-E	SOUTH BLANO TOCITO		NM-03554

Location

UNIT C: 990' F/N 1650' F/W
Section 12 Township 26N Range 6W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate ___	Address
Giant Refinery	P.O. Box 256, Farmington, NM 87499
Name Authorized Transporter of Casinghead Gas X or Dry Gas ___	**Address**
Gas Company of New Mexico	P.O. Box 1899, Bloomfield, NM 87413

If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	C	12	26N	6W	No	April,1994

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF,RKB,RT,GR,etc.) 6630 GR	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

Date First New Oil Run to Tank	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

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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Robert L Verquer
Signature
Robert L. Verquer, Superintendent
Printed Name / Title
March 15, 1994 (505) 632-1544
Date / Telephone No.

OIL CONSERVATION DIVISION

MAR 1 6 1994
DATE APPROVED _____
BY _____
SUPERVISOR DISTRICT #3
TITLE _____

This form is in lieu of Oil Conservation Division form C-104.