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	30-039-25247
Address	
P.O. BOX 340, BLOOMFIELD, NM 87413	

Reason(s) for Filing

New Well	X	Change in Transporter of:			
Recompletion	___	Oil	___	Dry Gas	___
Change in Operator	___	Casinghead Gas	___	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"	324	BASIN FRUITLAND COAL		NM-03554
Location				
UNIT N: 900' F/S and 1700' F/W Section 14 Township 26N Range 6W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ___ or Condensate ___	Address
Name Authorized Transporter of Casinghead Gas ___ or Dry Gas X	**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?
					No	

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	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-31-92	4-23-93	3220'	3212'
Elevations (DF,RKB,RT,GR,etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6734 GR	Fruitland Coal	2926'	3102'
Perforations			**Depth Casing Shoe**
2924' to 3110'			3212'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	241'	232 cu. ft.
7 7/8"	5 1/2"	3212'	803 cu. ft.
	2 3/8		

V. TEST DATA AND REQUEST FOR ALLOWABLE

RECEIVED
MAY 20 1993
OIL CON. DIV.
DIST. 3

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**

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1,274	3 hours	0	
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing pressure (Shut-in)**	**Choke Size**
Back Pressure	245	260	3/4

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

May 19, 1993 (505) 632-1544
Date / Telephone No.

OIL CONSERVATION DIVISION

DATE APPROVED MAY 20 1993

BY _____

TITLE SUPERVISOR DISTRICT #3

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