

## OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Caulkins Oil Company

Address

P. O. Box 780 Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☒Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

Changed out tubing size

If change of ownership give name  
and address of previous owner

## 2. DESCRIPTION OF WELL AND LEASE

Lease Name Breech D	Well No. 140	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03553
Location Unit Letter A : 990 Feet From The North Line and 999 Feet From The East Line of Section 11 Township 26 North Range 6 West , NMPM, Rio Arriba County				

## 3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Shell Pipe Line	P.O. Box 1588 Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Gas Company of New Mexico	1508 Pacific Ave. Dallas, Texas	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 11
	Twp. 26N	Rge. 6W
	Is gas actually connected?	When
	Yes	7-26-60

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.
		X		X				
Date Spudded 1-3-60	Date Compl. Ready to Prod. 8-16-80	Total Depth 7700	P.B.T.D. 7558					
Elevations (DF, RKB, RT, CR, etc.) 6600 KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 7408	Tubing Depth 7265					
Perforations 7310 to 7510			Depth Casing Shoe 7700					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10 3/4"		252		200			
8 3/4"	5 1/2"		7700		848			
	2 3/8"		7265					

## 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 245 MCFD	Length of Test 24 Hours	Bbls. Condensate/MMCF Trace	Gravity of Condensate
Testing Method (pistol, back pr.) Orifice Meter	Tubing Pressure (shut-in) 930	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.

Superintendent

9-29-80

(Date)

## OIL CONSERVATION DIVISION

OCT 9 1980

APPROVED \_\_\_\_\_, 19\_\_\_\_

Original Signed by CHARLES GHOLSON

BY \_\_\_\_\_  
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 multiple.