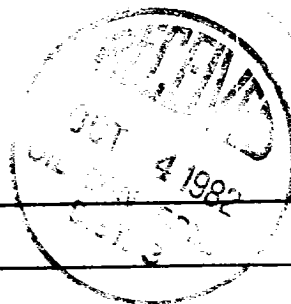


OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

I. Operator Caulkins Oil Company

Address P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) _____

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Breech D</u>	Well No. <u>140</u>	Pool Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM03553</u>
Location				
Unit Letter <u>A</u>	<u>990</u>	Feet From The <u>North</u> Line and <u>990</u>	Feet From The <u>East</u>	
Line of Section <u>11</u>	Township <u>26 North</u>	Range <u>6 West</u>	<u>NMPM,</u>	<u>Rio Arriba</u> County

III. 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)
<u>Inland Corporation</u>	<u>P.O. Box 1528 Farmington, New Mexico</u>
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)
<u>Gas Company of New Mexico</u>	<u>1508 Pacific Ave. Dallas, Texas</u>
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>11</u> Twp. <u>26N</u> Rge. <u>6W</u> Is gas actually connected? <u>Yes</u> When <u>7-26-60</u>

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 Resrv.	Diff. Res.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Date Spudded <u>1-3-60</u>	Date Compl. Ready to Prod. <u>8-16-80-823-82</u>	Total Depth <u>7700'</u>	P.B.T.D. <u>7558'</u>					
Elevations (DF, RAB, RT, GR, etc.) <u>6600 KB</u>	Name of Producing Formation <u>Mesa Verde</u>	Top Oil/Gas Pay <u>4755</u>	Tubing Depth <u>5440</u>					
Perforations <u>5462-4854</u>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>15"</u>	<u>10 3/4"</u>	<u>252</u>	<u>200 Sacks</u>					
<u>8 3/4"</u>	<u>5 1/2"</u>	<u>7700</u>	<u>898 848 Sacks</u>					
	<u>1 1/4"</u>	<u>5500</u>						

V. 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 <u>779</u>	Length of Test <u>3 Hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>613</u>	Casing Pressure (Shut-in) <u>738</u>	Choke Size <u>3/4"</u>

VI. 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.

Charles Vergara
(Signature)
Superintendent
(Title)
9/28/82
(Date)

OIL CONSERVATION DIVISION

10-29-82 301 29 1982
APPROVED _____, 19____
Original Signed by FRANK I. HAVEL
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 completed wells.