

## OIL CONSERVATION DIVISION

P. O. BOX 7080

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SALES	
FILE	
U.S.A.	
LEAD OFFICE	
TRANSPORTED	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATION	
REGISTRATION OFFICE	
Operator	

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 ☐

Set Liner

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## I. DESCRIPTION OF WELL AND LEASE

Lease Name Breach F	Well No. 25	Pool Name, Including Formation South Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM 03547
Location Unit Letter <u>L</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>1090</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>27North</u> Range <u>6West</u> , NMPM, <u>Rio Arriba</u> County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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 Sec. Twp. Rge.	Is gas actually connected? When Yes 1952

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X		X			X	
Date Spudded 5-31-52	Date Compl. Ready to Prod. 10-17-80	Total Depth 3202	P.B.T.D. 3202					
Elevations (DF, RKB, RT, GR, etc.) 6644 DF	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3107	Tubing Depth 3170					
Perforations 3106-3107	3156-3157	Pictured Cliffs	Depth Casing Shoe 3202					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 1/2"	10 3/4"	409	175					
7 7/8"	5 1/2"	3106	200					
4 3/4"	2 7/8"	3202	50					

## IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be held to exceed top allowable for this depth or be for full 24 hours)

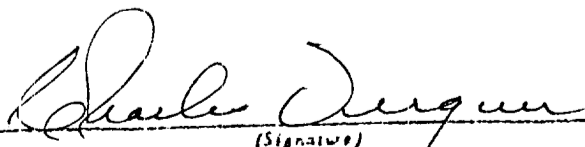
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

## GAS WELL

Actual Prod. Test-MCF/D 92	Length of Test 24-Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) GCNM	Tubing Pressure (shut-in) 419	Casing Pressure (shut-in) 521	Choke Size 1/2" Plate

## V. 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

(Title)

10-24-80

(Date)

## OIL CONSERVATION DIVISION

NOV 6 1980

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

Original Signed by FRANK T. CHAVEZ

BY \_\_\_\_\_

SUPERVISOR DISTRICT # 3

TITLE \_\_\_\_\_

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 Form C-104 must be filed for each pool in multiply