

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|--------------------------|
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| FILE | |
| U.S.D.S. | |
| LAND OFFICE | |
| TRANSPORTER | <input type="checkbox"/> |
| OPERATOR | <input type="checkbox"/> |
| REGISTRATION OFFICE | <input type="checkbox"/> |
| Operator | |

Caulkins Oil Company

Address

P.O. Box 780

Farmington, New Mexico

Person(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☒

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------------|--|--|------------------------------|
| Lease Name Breech F | Well No. 45 | Pool Name, including Formation Mesa Verde - Basin Dakota | Kind of Lease State, Federal or Fee Federal | Lease No. NM 03547 |
| Location Unit Letter M : 990 Feet From The South Line and 990 Feet From The West Line of Section 35 Township 27 North Range 6 West , NMPM, Rio Arriba 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"/> Inland Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528 Farmington, New Mexico | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico | Address (Give address to which approved copy of this form is to be sent) 1508 Pacific Ave. Dallas, Texas | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 35 |
| | Twp. 27N | Rge. 6W |
| | Is gas actually connected? Yes When 1965 | |

If this production is commingled with that from any other lease or pool, give commingling order number: **R-5649**

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 | | | | | | |
| Date Spudded 4-20-65 | Date Compl. Ready to Prod. 10-12-79 | | Total Depth 7642 | | P.B.T.D. 7620 | | | |
| Elevations (DF, RAB, RT, GR, etc.) 6592 GR | Name of Producing Formation Mesa Verde-Dakota | | Top Oil/Gas Pay 4866 | | Tubing Depth 7565 | | | |
| Perforations 4866 - 5444 (Mesa Verde) 7378 - 7608 (Dakota) | | | | | Depth Casing Shoe 7642 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13 3/4" | 10 3/4" | | 258 | | 200 | | | |
| 8 3/4" | 5 1/2" | | 7642 | | 925 | | | |
| | 1 1/4" | | 7565 | | | | | |

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 |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. |

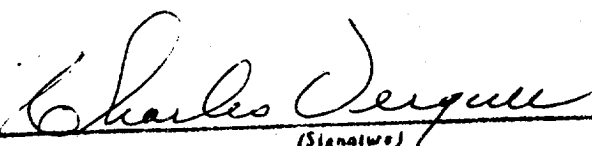
RECEIVED
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GAS-MCF
OIL CON. COM.
DIST. 3

GAS WELL

| | | | |
|---------------------------------------|---|---|---------------------------------|
| Actual Prod. Test-MCF/D 272 | Length of Test 24 Hours | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) 760 | Casing Pressure (shut-in) 760 | Choke Size 3/4" Plate |
| Gas Co. of N. Mexico Meter | | | |

I. 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.


(Signature)

Superintendent

(Title)

2-20-81

(Date)

OIL CONSERVATION DIVISION

FEB 27 1981

APPROVED

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 multiply completed wells.