

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico
(Place)

11-11-58
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Caulkins Oil Company Breech, Well No. PC-310, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
P, Sec. 13, T. 26N, R. 7W, NMPM, South Blance Pool

Rio Arriba

County. Date Spudded 10-16-58 Date Drilling Completed 10-21-58

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 6155 Total Depth 2475 PBTD

Top SEA/Gas Pay 2355 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2356 to 2390

Open Hole none Depth Casing Shoe 2460 Depth Tubing 2376

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: none MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 3731 AOF MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: One point back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Fractured w/30,240 gallons water & 50,000 # sand

Casing _____ Tubing _____ Date first new _____
Press. 852 Press. 852 oil run to tanks _____

Oil Transporter: Wagon

Gas Transporter: Southern Union Gas Company

Remarks: Now Waiting on pipe line

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved NOV 18 1958, 19____

Caulkins Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: _____
(Signature)

Title Chief Clerk
Send Communications regarding well to:

Name Frank Gray

Address P. O. Box 967, Farmington, New Mexico



OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received	4	
REPORT SECTION		
Operator	/	
Sorter	/	
Production Clerk	/	
State		
U. S. G. S.		
Transporter	/	
File	/	✓