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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. 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 ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Breech Well No. 310 Pool Name, including Formation South Blanco Pictured Cliffs Kind of Lease State, Federal or Fee Fed. Lease No. NM 03733
Location
Unit Letter P : 965 Feet From The South Line and 1125 Feet From The East
Line of Section 13 Township 26 North Range 7 West , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ 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? Yes When

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 Res'v. Diff. Res'v.
Date Spudded 10-16-58 Date Compl. Ready to Prod. 10-21-58 Total Depth 2475
Elevations (DF, RAB, RI, GR) 6155 DF Pictured Cliffs Top of Gas Pay 2355 Bottom Depth 2376
Perforations 2356 to 2390 Length Casing Shoe 2449
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 3/4" 8 5/8" 117 100
7 7/8" 5 1/2" 2449 200
8" 1 1/4" 2376

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 Shut-in Pressure Casing Pressure
Actual Prod. During Test
GILSON COM. DIST. 3

GAS WELL
Actual Prod. Test-MCF/D 120 7-2-67 to 7-10-67
Testing Method (pump, back p.) 1967 Del Test 281
Shut-in Pressure (Shut-in) 281

VI. CERTIFICATE OF COMPLETION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Superintendent
11-6-76
OIL CONSERVATION COMMISSION
APPROVED NOV 22 1976
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR 1002-43
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 well in multiple.