

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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)
Commingled Pictured Cliffs, Chacra, Mesa Verde & Greenhorn
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Breech Well No. 224 Pool Name, Including Formation South Blanco-PC Kind of Lease State, Federal or Fee Fed. Lease No. NM-03733
Location
Unit Letter A ; 865 Feet From The North Line and 1140 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? When
Yes 8-10-59

If this production is commingled with that from any other lease or pool, give commingling order number: R-5927

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 2-29-58 Date Compl. Ready to Prod. 5-19-59 Total Depth 7342 P.B.T.D. 6980
Elevations (DF, RKB, RT, CR, etc.) 6463 KB Name of Producing Formation Pictured Cliffs Top Oil/Gas Pay 2716 Tubing Depth 6302
Perforations 2716 to 2754 Depth Casing Shoe 7342
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 1/4" 13 3/8" 117 150
12 1/4" 9 5/8" 2997 350
8 3/4" 7" 2920 to 7342 645
2 3/8" 6302

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 389 Length of Test 24 hrs. Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 480 Casing Pressure (Shut-in) 480 Choke Size
Gas Co. of New Mexico

VI. CERTIFICATE OF COMPLIANCE
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 (Signature)
7-27-79 (Date)
OIL CONSERVATION COMMISSION
APPROVED AUG 2 1979, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #1
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 multiple