.	PRORATION OFFICE Operator		$\perp \perp$	_	
-	OPERATOR		1-1	_	
ł	OBSERATOR		1-2	_	
	TRANSPORTER	GAS	7	_	
	TRANSPORTER	OIL			
	LAND OFFICE	LAND OFFICE			
	U.S.G.S.			_	
ĺ	FILE		1	•	
	SANTA FE			_	
	DISTRIBUTIO		_		
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ľ	DISTRIBUTION	NEW MEXICO 611 60	NICEDIATION COMMESION	F 0 101				
	SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110				
}		KEQUESI I	FOR ALLOWABLE	Effective 1-1-65				
,	FILE		AND					
ļ	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS				
	LAND OFFICE							
	TRANSPORTER OIL	]						
	GAS /							
}	OPERATOR 12	1						
_ }	PRORATION OFFICE	1						
1.	Operator	1						
				ļ				
	Caulkins Ofl Company							
	Address							
	Post Office Box 780	, Farmington, New Mexico						
	Reason(s) for filing (Check proper box)		Other (Please explain)					
	New We!I	Change in Transporter of:	ļ					
		Oil Dry Gas	Repaired leak i	n 5 1/2" Casing				
	Recompletion		<b>=</b>   *	20 ),				
	Change in Ownership	Casinghead Gas Conden	sate					
	If change of ownership give name and address of previous owner	I FASF						
11.	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.				
	Breech "D"	l I	Pictured Cliffs State, Federal	or Fee Fed . NM 03553				
		Notice of the state of the stat	· TAAM AN ATTTE					
	Location		222	1.F4				
	Unit Letter #D# ; 99	O Feet From The North Line	e and Feet From T	the West				
				j				
	Line of Section 15 Tov	wnship 26 North Range	6 West , NMPM, R	do Arriba County				
	Time or dection							
	DECLOSIAMION OF THE ANOTON	PED OF OIL AND MATTIDAL CA	9					
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)				
	Name of Authorized Transporter of Oil	or Condensate	1.124.055 (Othe address to witten approv					
				7				
	Name of Authorized Transporter of Cas	singhead Gas 🕝 💮 or Dry Gas 🦳	Address (Give address to which approv	ed copy of this form is to be sent)				
	Southern Union Gas		1104 Burt Building, Da	llas. Texas				
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe					
	If well produces oil or liquids,	The state of the s	1.0 9					
	give location of tanks.	<u>i i i i i i i i i i i i i i i i i i i </u>	Yes	9-13-61				
	If this production is comminded wit	th that from any other lease or pool,	give commingling order number:					
		any outer read or poor,						
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completic			<b>x</b>				
		44	<u> </u>	P.B.T.D.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.				
	10-14-61	11-11-51	2972					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	6491 DF	Pictured Cliffs	2878	2824				
	Perforations		1	Depth Casing Shoe				
	•			2882				
	None		CEMENTING DECORD					
			CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	12 3/4 <sup>n</sup>	8 5/8 <sup>n</sup>	467	190				
	7 7/8"	5 1/2 <sup>H</sup>	2882	200				
	1 1/0"	2 7/8*	<b>182K</b> 2851.	125				
		·		<u> </u>				
		1"	2824					
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow				
٧.	OIL WELL	able for this de	pth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.)				
				OPITIVE AV				
		Tubing Pressure	Casing Pressure	Choke Size				
	Length of Test	I applied Liebsane						
	1			Gas-MGF SEP 27 1967				
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.					
	1	1		OH CON COM.				
				DIST. 3				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensar				
	14 MCF p/d Testing Method (pitot, back pr.)	24 hours	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Chaha Star				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	SUG Meter							
			OIL CONSERVA	TION COMMISSION				
v., y	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					
			SEP 27 1967					
	hereby certify that the rules and	regulations of the Oil Conservation	C Krnold					
	completion have been complied	with and that the information given						
	above is true and complete to th	e best of my knowledge and belief.						
				DIST_#3				
			11100					
			This form is to be filed in compliance with RULE 1104.					
	1. V 1/ 1/2		The big is a sequent for allowable for a newly drilled or deepene					
	Calle Col	nature)	I was the form must be accompanied by a tabulation of the deviation					
	(Signature)		tests taken on the well in acco	rdance with RULE 111.				
	Production Foreman		All sections of this form mu	at be filled out completely for allow				
	(T	itle)	able on new and recompleted we	ells.				
	9-25-67		Fill out only Sections I, II, III, and VI for changes of owne					
	, 77 71							

(Jate)

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.