	NO OF COMES RECEIVED	5							
!	DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION Form C-194						
}	SANTA FE	7	REQUEST FOR ALLOWABLE Supersedes Old C-104 and					d C-104 and	
İ	FILE	7	-	AN			Effective 1-1-	55	
	U.\$.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE								
	TRANSPORTER OIL GAS	1							
	OPERATOR	2							
1.	PRORATION OFFICE								
••	perator								
	Caulkins Oil Company								
	Address								
	P.O. Box 780, Farmington, New Mexico								
	Reason(s) for filing (Check proper box) Other (Please explain)								
	New Well		Change in Transport	er of:					
	Recompletion Oil Dry Gas X								
	Change in Ownership Casinghead Gas Condensate								
11	If change of ownership give and address of previous own DESCRIPTION OF WELI	ner	EASE						
	Lease Name	<u> </u>	Well No. Pool Nam	e, Including Formati	on	Kind of Lease		Lease	
	Breech	C	189 Sout	h Blanco	PC	State, Federal or Fee	Fed.	_NMO3 5	
	Location								
	Unit Letter L	16	50 Feet From The	South Line and	915	Feet From The	West		
	Line of Section 12	Towns	ship 26 N	Range 6	W , NMP	M. Rio Arrib	a	Co	
III.	DESIGNATION OF TRANS			ATURAL GAS	ess (Give address	to which approved copy	of this form is	to be sent)	

or Dry Gas 🔀

P.ge.

Gas Well

Twp.

Sec.

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

Oil Well

Date Compl. Ready to Prod.

11-51
Name of Producing Formation

Pictured Cliffs

3075 to 3176

8 5/8"

5 1/2"

CASING & TUBING SIZE

Name or Authorized Transporter of Casinghead Gas

Gas Company of New Mexico

Designate Type of Completion -(X)

Open Hole

Date of Test

Oil-Bbls.

Tubing Pressure

Length of Test

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 (Title) 11-10-76

Tubing Pressure (Shut-in)

If well produces oil or liquids, give location of tanks.

10-4-51 Elevations (DF, RKB, RT, GR, etc.)

3591 Gr.

HOLE SIZE 12 1/4"

V. TEST DATA AND REQUEST FOR ALLOWABLE

7 7/8"

Date First New Oil Run To Tanks

IV. COMPLETION DATA

Date Spudded

OIL WELL

Length of Test

GAS WELL

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

C-104 ersedes Old C-104 and C-110 ctive 1-1-65

> Lease No. NMO3 554

> > County

Same Resty. Diff. Resty.

•						
	Producing Method (Flow, pump, gas lift	Chok 4 5 12 1976				
	Casing Pressure					
	Water - Bbls.	Gal-MCF DIS				
_						
	Bbls. Condensate/MMCF	Gravity of Condensate				
	Casing Pressure (Shut-in)	Choke Size				
	OIL CONSERVATION COMMISSION					
APPROVEDOriginal Signed by A. R. Kendrick BY						
	TITLE SURGRUERS DAST.					
This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens 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 filled for each pool in multip						
	completed wells.	· · · · · · · · · · · · · · · · · · ·				

Address (Give address to which approved copy of this form is to be sent)

Plug Back

P.B.T.D.

3176 Tubing Depth

3075

200

200

SACKS CEMENT

dated of excest top allow-

1508 Pacific Ave., Dallas, Is gas actually connected? When

Deepen

Yes

Workover

3176

3071

DEPTH SET

456

3075

3074

(Test must be after recovery of total volume of load oil and able for this depth or be for full 24 hours)

New Well

TUBING, CASING, AND CEMENTING RECORD

Total Depth

Top Oil/Gas Pay