DISTRIBUTION NEWMEXICO OIL CONSERVATION COMMISSION SANTAFE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE 1 Effective 1-1-65 AND J.S.G.S AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Oil Company Caulkins Reason(s) for filing (Check proper box) 780, Farmington, New Mexico Other (Please explain) Change in Transporter of Recompletion X Dry Gas Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Lease No. 136 Breech Basin Dakota State, Federal or Fee Fed. SF079035+A Location 890 Feet From The North Line and 990 Feet From The <u>East</u> 10 26 N Range 6 W Line of Section Township , NMPM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Name of Authorized Transporter of Casinghead Gas P.O. Box 1588, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Gas Company of New Mexico 1508 Pacific Ave. Dallas, Texas Twp. Ege. If well produces oil or liquids, Yes give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. 11-26-63 rations (DF, RKB, RT, GR, etc.) 7593 Tubing Depth 12-63 7605 Name of Producing Formation Top Oll/Gas F 6645 KB Dakota 7297 73.09 Perforations 7305-7532 7604 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 13 1/4" 9 5/8" 264 200 3/4" 1/2" 7604 650 3/8" 7309 TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total valume of load oil and mu able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, Length of Test Tubing Pressure Cdaing Pressure CONActual Prod. During Test Oil - Bbls. Water - Bble. DIST. **GAS WELL** Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Length of Test Gravity of Condensate Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION J 15/6 APPROVED .. I hereby certify that the rules and regulations of the Oil Comparisation sy Original Signed by A. R. Femirack Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. SUPERVISOR DIST. 63 TITLE .

<u>Superintendent</u>

(Tule) 11-10-76

(Date)

This form is to be filed in compliance with RULE 1104.

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.

Senerate Forms C-104 must be filed for each pool in multiply

If this is a request for allowable for a nawly 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.