DISTRIBUTION HER MEXICO OIL CONSERVATION COMMISSION SANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Caulkins Oil Company P.O. Box 780 Far Reason(s) for filing (Check proper box, Farmington, New Mexico Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Breech 132 Lease No. Basin Dakota Fed. State, Federal or Fee 079035 North Line and Unit Letter A 760 Feet From The East. Feet From The Line of Section 26 North Range Township 6 West Rio Arriba NMPM. County 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 P.O. Box 1588, Farmington, New Mexico Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Gas Company of New Mexico 1506 Pacific Ave., Dallas, Texas Sec. Twp. Is gas actually connected? 9 26 N 6 W Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 9-7-67 <u> 10-3-67</u> <u>7470</u> <u>7455</u> Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Depth 6502 Gr. Dakota 7152 7155Depth Casing Shoe 7152-7448

7470 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 15" 10 3/4" 350 8 3/4" 7" <u> 200</u> 6670 1/8" 1/2" 125 to 7470 3/3" 71 55 V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Presoure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MOF

GAS WELL	%		
Actual Prod. Test-MCF/D	Length of Tast	Bbls. Condensate/MMCF	Gravity of Condensate
<u>5105</u>	3 Hours		Startly of Condensation
Testing Method (pitot, back pr.) 1 pt. Back Pressure	Tubing Pressure (Shut-in) 2225-335	Casing Pressure (Shut-in) 2288-1148	Choke Size 3/1.11

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 shows is true and complete to the heat of my knowledge and the

above in	s true and complete to the best of my knowledge and belief.
	Superintendent
-	(Signature)
	Superintendent '
	(Title)
	11 –6–7 6

(Date)

OIL CONSERVATION COMMISSION

APPROVED, 19				
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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.

Sanarata Forms Calld must be filed for each pool in multiply