

NO. OF COPIES RECEIVED		7
DISTRIBUTION		
SANTA FE		
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		3
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-11
Effective 1-1-65

I. Operator
Caulkins Oil Company
Address
Post Office 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)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Brench A** Well No. **629** Pool Name, Including Formation **Undes Gallup** Kind of Lease **Fed** Lease No. **SF079035A**
Location
Unit Letter **D** : **660** Feet From The **North** Line and **760** Feet From The **West**
Line of Section **9** Township **26 North** Range **6 West** , NMPM, **Rio Arriba** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Shell Oil Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1588, Farmington, New Mex.
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Southern Union Gas Company Address (Give address to which approved copy of this form is to be sent)
Fidelity Union Tower Bldg, 1508 Pacific, Dallas
If well produces oil or liquids, give location of tanks. Unit **P** Sec. **9** Twp. **26N** Rge. **6W** Is gas actually connected? **Yes** When **Oct. 27, 1975**

If this production is commingled with that from any other lease or pool, give commingling order number:
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 **X** **X** **X** **X**
Date Spudded **10-30-52** Date Compl. Ready to Prod. **9-20-75** Total Depth **6628** P.B.T.D. **6460**
Elevations (DF, RKB, RT, GR, etc.) **6423 DF** Name of Producing Formation **Gallup** Top Oil/Gas Pay **6390** Tubing Depth **6395**
Perforations **6390-6448** Depth Casing Shoe **6568**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
15" **10 3/4** **426** **175**
8 3/4 **7** **6568** **200**
1 1/4 **6395**

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be at least 24 hours after 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 **OCT 29 1975**
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF **OIL CON. COM.**

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
255 **3 hours** **trace**
Testing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size
Back Pressure **1059** **1059** **3/4**

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
10-29-75
OIL CONSERVATION COMMISSION
OCT 29 1975
APPROVED
BY
TITLE
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 in number, or transporter or other.