

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-110
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	2
PRORATION OFFICE	

I. Operator
Caulkins Oil Company

Address
Post Office Box 730, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☒

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

D.H.C.

Transporter Change

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech E	Well No. 104	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Fed	Lease No. NM 03551
Location Unit Letter P ; 660 Feet From The East Line and 660 Feet From The South Line of Section 5 Township 26N Range 6W , NMPM, Rio Arriba County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline	P. O. Box 1940, Bloomfield, New Mex.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	1508 Pacific Ave., Dallas, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	P 5 26N 6W No

If this production is commingled with that from any other lease or pool, give commingling order number: R-5647

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X				X		X
Date Spudded 10-19-78	Date Compl. Ready to Prod. 8-31-78	Total Depth 6746	P.B.T.D. 5490					
Elevations (DF, RKB, RT, GR, etc.) 6505 Gr.	Name of Producing Formation Chacra Chacra & MV	Top Oil/Gas Pay 3227 & 5034	Tubing Depth 5102					
Perforations 5034 to 5352	Depth Casing Shoe 6746							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15 1/4"	10 3/4		454		360			
8 3/4	7		6746		675			
	1 1/4		5102					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

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
Actual Prod. During Test 570XX	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 570 951	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 1083	Casing Pressure (Shut-in) 1198	Choke Size 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.

Charles E. Deque
(Signature)

Superintendent

(Title)

9-8-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

Original Signed by _____

BY SUPERVISOR DIST. #

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 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 multiple