## DISTRIBUTION MEM MEMODICAL CONSERVATION COMMISSION ANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE AND Effective 1-1-65 J.S.G.S. AUTHORIZ : TIÓIL TO THANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Caulkins Oil Company Address Reason(s) for filing (Check proper box) P.O. Box780, Farmington, New Mexico Other (Please explain) Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinahead Gas If change of ownership give name and address of previous II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee 83 <u>Breech</u> South Blanco PC VMO355 1 Fed Unit Letter J :1650 \_Feet From The \_\_South\_Line and \_ 1650 East Feet From The Line of Section Township 26 N Range 6 W , NMPM, Rio Arriba 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) Name of Authorized Transporter of Casinghead Gas or Dry Gas Ty Address (Give address to which approved copy of this form is to be sent) Gas Company of New Mexico 1508 Pacific Ave., Dallas, Texas Twp. If well produces oil or liquids, give location of tanks. Rge. 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 Workover Deepen Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion = (X) Χ Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 9-2-51 vations (DF, RKB, RT, GR, etc.) Name of Froducing Formation 3.044 Top Oll/Gas Pay Tubing Depth Pictured Cliffs 2935 2942 Perforations Depth Casing Shor e 2954 to 3044 TUBING, CASING, AND CEMENTING RECORD Open Hole 2954 CASING & TUBING SIZE HOLE SIZE DEPTH SET SACKS CEMENT 12 1/4" 8 5/8" 515 180 7/8" 5 1/2" 2954 200 7 11 291.2 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) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test OII-Bbis. Water - Bble. Gas MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-i.a.) Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED\_ 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 beat of my knowledge and belief. By Original Signed by A. R. Kender MIND TANK RISE. 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. Superintenden All sections of this form must be filled out completely for allow-(Ti:le) able on new and recompleted wells. 11-10-76 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-10d must be filed for each nool in multiple

(Date)