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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	/
PRODUCTION 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-110
Effective 1-1-65

Operator Caulkins Oil Company	
Address Post Office Box 780, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain) Request for reconnection

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State A	Well No. 93	Pool Name, Including Formation South Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. E 291 17
Location Unit Letter <u>L</u> ; <u>990</u> Feet From The <u>west a</u> Line and <u>1650</u> Feet From The <u>south</u> Line of Section <u>2</u> Township <u>26 North</u> Range <u>6 West</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
Southern Union Gas Company	Fidelity Union Tower Building 1500 Pacific Avenue, Dallas, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <u>No</u> When	

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						
Date Spudded 8-7-51	Date Compl. Ready to Prod. 9-18-51	Total Depth 3229	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6631 DF	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3137	Tubing Depth 3127					
Perforations None			Depth Casing Shoe 3137					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 3/4"	8 5/8"	502	175					
7 7/8"	5 1/2"	3137	220					
	1"	3127						

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	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL This well tested April 10, 1974 thru Southern Union Test Meter with 200% back press.

Actual Prod. Test-MCF/D 28 MCFPD	Length of Test 24 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) See above	Tubing Pressure (Shut-in) 327	Casing Pressure (Shut-in) 327	Choke Size

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 J. Anger
(Signature)

Superintendent

(Title)

June 1, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN , 19

BY Original of [illegible]

TITLE ORIGINAL OF DIST. NO. 3

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.