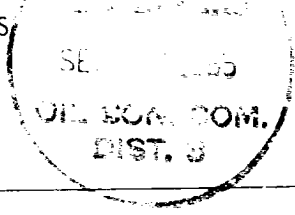


NEW MEXICO OIL CONSERVATION COMMISSION
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PROGRATION OFFICE

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

TRANSPORTER CHANGED FROM SHELL
OIL COMPANY TO SHELL PIPE LINE
CORPORATION EFFECTIVE 12/31/63



I. Caulkins Oil Company
P.O. Box 780, Farmington, New Mexico

Reasons for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: Well number changed from D-83
Dry Gas ☐ Oil ☐ to 583 as requested by O.C.C.
Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Breech "E"</u>	Well No. <u>583</u>	Pool Name, including Formation <u>South Blanco Dakota</u>	Kind of Lease <u>Federal</u> State, Federal or Fee
Location Unit Letter <u>J</u> <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>5</u> , Township <u>26N</u> Range <u>6W</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 checked="" type="checkbox"/> <u>Shell Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1588, Farmington, New Mexico</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Southern Union Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>City Union Tower Bldg. 1507 Pacific Ave., Dallas, Texas</u>	
If well produces oil or liquids, give location of tanks.	Unit <u> </u>	Sec. <u> </u>
	Twp. <u> </u>	Rge. <u> </u>
	Is gas actually connected? <u>Yes</u> When <u>1953</u>	

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>6-15-53</u>	Date Compl. Ready to Prod. <u>7-28-53</u>		Total Depth <u>7452</u>		P.B.T.D.			
Pool <u>South Blanco</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>7342</u>		Tubing Depth <u>7273</u>			
Perforations <u>7200-7215</u> <u>7225-7254</u>	<u>7260-7278</u> <u>7342-7370</u>		<u>7407-7411</u> <u>7420-7428</u>		Depth Casing Shoe <u>7452</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>15"</u>	<u>10 3/4"</u>		<u>470</u>		<u>175</u>			
<u>8 3/4"</u>	<u>7"</u>		<u>7506</u>		<u>200</u>			
	<u>2"</u>		<u>7273</u>					

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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Frank O. Brant
(Signature)
Superintendent
(Title)
9-3-65
(Date)

OIL CONSERVATION COMMISSION
APPROVED 1965, 19
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 Sections I, II, III, and VI only 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 multiply completed wells.