

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 1-1-55

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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

I.

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 checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State A	Well No. 62	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	State	Lease No. E-291-17
Location					
Unit Letter A ; 1190 Feet From The North Line and 1190 Feet From The East					
Line of Section 2 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1508 Pacific Ave, Dallas, Texas					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 2	Twp. 26N	Rge. 6W	Is gas actually connected? Yes	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 4-21-62	Date Compl. Ready to Prod. 6-28-62		Total Depth 7735		P.B.T.D. 7686			
Elevations (DF, RKB, RT, GR, etc.) 6656 Gr.	Name of Producing Formation XXXXXX Mesa Verde		Top Oil/Gas Pay 4880		Tubing Depth 5213			
Perforations 4882 to 5484					Depth Casing Shoe 7728			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15 1/4	10 3/4	255	200
XXXXXX			
7 7/8	5 1/2	7728	740
	XXXXXX 1 1/4	5213	

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 0013 1976
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF OIL CON. COM. DIST. 3

GAS WELL

Actual Prod. Test-MCF/D None	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 1025	Casing Pressure (Shut-in) 1025	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 Vergara
(Signature)
Superintendent
(Title)
9-30-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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 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 multiply completed wells.