

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
☒ Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico.....1-27-60  
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Caulkins Oil Company.....Breach "E"....., Well No. 58....., in NE 1/4.....NE 1/4,  
(Company or Operator) (Lease)

A....., Sec. 3....., T. 26N....., R. 6W....., NMPM., Santa Blanca Mesa Verde..... Pool  
Unit Letter

Pio Arriba.....County. Date Spudded 9-30-59..... Date Drilling Completed 11-15-59.....  
Please indicate location: Elevation 6365 K2..... Total Depth 7700..... PBD none.....

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 4750..... Name of Prod. Form. Mesa Verde.....

PRODUCING INTERVAL - 5206-5212, 5232-5236, 5296-5300, 5312-5318,  
Perforations 5206-5358, 5272-5378 & 5425-5429 w/4' holes per ft;  
4824-4830 w/8' holes per ft.

Open Hole none..... Depth 7700..... Depth Tubing 5379.....

OIL WELL TEST -

Natural Prod. Test:..... bbls. oil,..... bbls water in..... hrs,..... min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke  
load oil used):..... bbls. oil,..... bbls water in..... hrs,..... min. Size

GAS WELL TEST -

Natural Prod. Test:..... MCF/Day; Hours flowed..... Choke Size.....

Method of Testing (pitot, back pressure, etc.):.....

Test After Acid or Fracture Treatment: 401-3219..... MCF/Day; Hours flowed 3.....

Choke Size 3/4"..... Method of Testing: Back Pressure.....

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 50,000# 20-40, 20,000# 40-60 & 31,000 gal. water and  
Casing 44,000# 40-60 and 42,000 gal. water  
Press. 1039..... Press. 1039..... oil run to tanks

Oil Transporter.....

Gas Transporter Southern Union Gas Company.....

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4	252	200
5 1/2	3127	240
5 1/2	5470	315
5 1/2	7700	300
1 1/4	5379	

Remarks: Waiting on pipeline.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved....., 19.....

OIL CONSERVATION COMMISSION

By: Supervisor Dist. # 3

Title.....

Caulkins Oil Company  
(Company or Operator)

By:.....  
(Signature)

Title: Production Foreman

Send Communications regarding well to:

Name: Mr. Frank Gray

Address: Box 967, Farmington, New Mexico

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received 4

DISTRIBUTION

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Operator	1	
Santa Fe	1	
Proration Office	1	
State Land Office		
U. S. G. S.		
Transporter		
File	1	✓