NO. OF CHP125	<u> </u>	<u>کـِ _</u>									
DISTRIBL	N _										
SANTA FE				L							
FILE				L							
U.S.G.S.											
LAND OFFICE											
IRANSPORTER	7 P	OIL	1	<u> </u>							
	_,,	GAS	1								
OPERATOR											
PRORATION											
Operator Caulkins O											
Address Post Offic Reason(s) for filing (Check proper box											
							New Well				
							Recompletion				
Change in Owne											

-	SANTA FE /	KEQUEST TON ALLOHABLE					
Ì	FILE / L						
	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND N	IATURAL GAS			
	LAND OFFICE						
	TRANSPORTER OIL /						
}	OPERATOR /						
	PRORATION OFFICE						
1.	Operator						
	Caulkins Oil Company						
	Address Dogt Office	Box 780, Farmington	New Merico	•			
		DOX 700, FAIRING COL	Other (Please				
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Offier (Flease	explain			
	Recompletion	Oil Dry Gas	, [X]				
	Change in Ownership	Casinghead Gas Condens	sate				
			•				
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	ormation	Kind of Lease	Lease No.		
	Breech E		esa Verde	State, Federal or F	Fed MM 03551		
	Location		4		_		
	Unit Letter A 790) Feet From The North Line	840 e and	Feet From The	East		
	2			7	Rio Arriba		
	Line of Section 3 Town	nship 26 North Range 6	West , NMPM	,	County		
		TO ON OUR AND MARKINAL CA	S				
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate A	Address (Give address i	to which approved co	opy of this form is to be sent)		
		Company Pepeline			rmington, New Mex.		
	Name of Authorized Transporter of Casi	nghead Gas or Dry Gas A			opy of this form is to be sent)		
	Gas Company	y of New Mexico	;		Dallas, Texas		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connect	ed? When			
	give location of tanks.	A 3 26N 6W	Yes				
	If this production is commingled with	n that from any other lease or pool,	give commingling order	r number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plu	g Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	n – (X)					
:	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.F	3.T.D.		
	9–30–59	1-20-60	7700		7700		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tul	ping Depth		
	6565 KB	Mesa Verde	4750		5379 pth Casing Shoe		
	Perforations 4824 to 5429		CEMENTING RECORD		7400		
	4024 00 3						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEMENT		
	15 1/4	10 3/4	252		200		
	7 7/8	5 1/2	7700		855		
		1 1/4	5379				
			<u> </u>				
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 able for this depth or be for full 24 hours)							
	OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor		0)		
	Length of Test	Tubing Pressure	Casing Pressure	Ch	0ke Size		
			Water-Bbis.		GGB - MCFOIL COLL COM. /		
	Actual Prod. During Test	Oil-Bbis.					
		<u> </u>					
	CACWELL						
	GAS WELL Actual Prod. Test-MCF/D Length of Test		Bbls. Condensate/MMCF		avity of Condensate		
	3219	3 hrs.					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shw	t-in) Ch	ncke Size		
	Back Press	1039	1039		3,4		
£.1	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
			400001155	APPROVED			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			ВҮ		1 1) 11 1 CK		
				TITLE			
	10 1	11					
	(/ / / / / / / / / / / / / / / / / / /	This form is t	This form is to be filed in compliance with RULE 1104.				
	Markes Cal	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					
	Superinter	tests taken on the well in accordance with RULE III.					
	<u>(Ti</u>		All sections of able on new and r	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	9-30-76	Fill out only	Fill out only Sections I, II, III, and VI for changes of owner,				

Dates

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.