District I PO Box 1980, Hobbs, NAI 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719 District III

State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION

Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office

1000 Rio Brazus Rd., Aztec, NM 87410 PO Box 2088 Santa Fe, NM 87504-2088												5 Copie	
District IV				Santa	re, inivi	∟8/3U4	1-2088				7 ам	ENDED REPORT	
14) Box 2088, S			~ POD 4	* * ^11/4	~~ ~								
I.	K.	EQUEST				ID AU	THOR	≀IZATI	ION TO TR				
011-	. 011	_	•	me and Addre	33					<sup>1</sup> OGRID Number			
Caulkins Oil Company									003824				
P.O. Box 340 Bloomfield, NM 87413 Ph. (505) 632-1544									3 Reason for Filing Code				
DICOM	NFI 077	Pn. (Ju	נס נכו	CG									
<del></del>	VI Number	Т				Pool Name		l		<del></del>		Poul Code	
30 - 039-			South	Rlanco						06460			
				South Blanco Tocito									
Property Code			<b>7</b> 0	roperty Na	ne					Veil Number			
002457			Breed					1	144 ):				
II. 10 S	Surface	Location							<del></del>				
Ul or lot no.			P Range Lot.ldu		Feet from the		North/South Line		Feet from the	East/W	East/West line Count		
A 12		26N	6W		990'		North		1090'	Was.	East Rio Arrib		
11 Bottom Hole L						North			10.30	Eas		K10 Alliba	
		<del>,</del>	<del></del>	<del></del>	<del></del>	<del></del>	<del>1</del>						
UL or lot no.		Township		Range Lot Idn		m the	the North/S		Feet from the	East/West line		County	
С	12	26N	6W		990'	·	Nort	<u> h</u>	10901	East	t _	Rio Arriba	
12 Lac Code	13 Producis	ng Method Co	ude 14 Gas	Connection Da	ate 15 C	-129 Perm	it Number		C-129 Effective I	Dute	" C	-129 Expiration Date	
F		F	9-2	26-64	}								
III. Oil a	nd Gas	Transpor		-				<u> </u>			L		
Transpor		" Transporter Name "POD "O/G								" 15015 11			
OCRID		and Address				100		- Ord		22 POD ULSTR Location and Description			
20200/				<del></del>									
003824	U.	Caulkins Oil Company (				)65703	0	G	Unit C, Sec. 12-26N-6W				
		P.O. Box 340 Bloomfield, NM 87413							990' F/N 1650' F/W Breech "C" 144-E location				
	***************************************		14, 1	07.123	33333				breech (	144 ``ز	<u>4-만 1</u>	location	
<b>2</b> 00,000,000,000	*********		$F^{1}$	,	<u> </u>								
		Core of Kil											
<u>VARANIA SANTANIA N</u>	270.300	<u></u>	<u> </u>	<del>/</del>					<del> </del>				
				2									
<b>k</b>													
			· · · · · · · · · · · · · · · · · · ·						- DEGEIMED				
į	Ì				1								
							□□ NOV 2 1 1994					1 100/	
Million Charles				·						_ Nu	· *	1004 	
	uced Wa	iter		·		-					3/ <u>0</u> /0	y. DIV.	
1	POD		<del></del> _					tion and D	Jese molium				
06570	50	Unit	t C, Sec	. 12-26	N-6W	990'	F/N ]	1650'	F/W Breed	ch "C	e rau	location	
V. Well	Complet	ion Data											
	ud Date	1011 2	1. Ready Da	-10		" TD	<del></del> j	<del></del>	" PBTD			** ** .*	
•			**************************************	ne		. 10			PRID			1º Perforations	
	<sup>36</sup> Hole Size	<del></del> -	<sup>31</sup> Casing & Tubing Size			<sup>32</sup> Depth Se					" Suc	ks Cement	
			<del>                                     </del>										
· · · · · · · · · · · · · · · · · · ·			<del> </del>			——						<del></del>	
	<u> </u>												
VI. Well	Test Da	to.	ــــــ					<del></del>					
Date N				T					<b>~</b>				
Date N	lew Oil	35 Gas Delivery Dute 3rd Test Dute			est Date		<sup>11</sup> Test La	ength	и Tbg. Pr	CARUIC		" Cag. Pressure	
	1					ļ							
" Chuk	e Size	4 Oil 4 Water			Water	_	4 Gu		" AO	W.	<del></del>	4 Test Method	
					******	7443						I Cat Micrary	
40 I Scarabas mark	'Control the ma	54.00		<del></del>					<u> </u>				
* I hereby certi with and that th	dy that the ru ∽ information	ics of the Oil C wiven above i	Conscivation D  is true and conv	ivision have be	en complied			T		'^\\ r			
knowledge and		<b>5177.11</b>	1 11 10 0 min	A OI MIY		OIL CONSERVATION DIVISION							
·							Approved by: 37.\$						
Signature: Release I Verguer Printed name:							SUPERVISOR DISTRICT #3						
Printed name: Robert L. Verquer							Title:						
Title:						Approval Date: NOV 2 1 1995							
Superintendent Date:			<del></del>		NUV & 1 1995								
11-	-18-94		Phone: (5	Phone: (505) 632-1544									
" If this is a c	thange of ope	rutor fill in tl	he OGRID nui	nber and nam	e of the prev	/ious opera	lor	<del></del>			-		
Previous Operator Signature						Printed Name Tit						Date	

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table:

  NW New Well

  RC Recompletion

  CH Change of Operator

  AO Add oil/condensate transporter

  CO Change oil/condensate transporter

  AG Add gas transporter

  CG Change gas transporter

  RT Request for test allowable (Include volume requested) 3.

requested)
If for any other reason write that reason in this box.

- 4 The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 14. The bottom hole location of this completion
- 12. Lease code from the following table:
  - Federal State Fee Jicarilla

  - Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Pumping or other artificial lift Þ
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new all or recompletion and this POD has no number the disact office will assign a number and write it here. 20.
- Product code from the following table: 21. O G Gas
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank" atc.) 24. Wen comp. (Example: " Tank",etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and

## bottom.

33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44 Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

  F Flowing
  P Pumping
  S Swabbing
  If other method please write it in. 45.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.