				,	
	1.	-		•	
	DISTRIBUTION	NEW MEXICO OIL	Form C-104		
	·	NEW MEXICO OIL CONSERVATION COMMISSIO REQUEST FOR ALLOWABLE			
	J.S.G.S.  AND  AND  AUTHORIZATION TO TRANSPORT OIL AND NATURA			Supersedes Old C-104 and C-1 Effective 1-1-65	
				C 4 5	
			THE SIT OF AND NATURAL	GAS	
	TRANSPORTER OIL / GAS /	_			
	OPERATOR 2	7			
1.	PRORATION OFFICE	7			
	Operator				
	Coulting di	Caulkins Oil Company			
P.O. Box 340, Bloomfield, New Mexico 87413					
	Reason(s) for filing (Check proper box)  Other (Please explain)				
	New Well	Change in Transporter of:	, , , , , , , , , , , , , , , , , , , ,		
	Recompletion Oil Dry Gas				
Change in Ownership Casinghead Gas Condensate					
	If change of ownership give name				
	and address of previous owner				
11	DESCRIPTION OF HIER & AND				
HI.	DESCRIPTION OF WELL AND	Well No. Pool Nome, Including F	ormatical Kind of Leas.		
		Janeo	The state of Least	Lease No.	
	Location	<u> 1307   Mesa Verde-</u>	- Dakota State, Federa	NMO3733	
Unit Letter : 790 Feet From The South Line and 1140 Feet From The West  Line of Section 13 Township 26 North Range 7 West NMPM.				· ·	
				The	
				Arriba	
	Line of Section - 100	wnship Range	, NMPM,	County	
III	DESIGNATION OF TRANSPORT	FED OF OH AND NATURAL CA			
****	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA  Name of Authorized Transporter of Oil or Condensate		Address (Give address to which approved copy of this form is to be sent)		
	Shell Pipeline		D O Por 150° Porming the proventing of this form is to be sent)		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas, Va		P.O. Box 1580, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)		
	Gas Company of Mew Mexico		1508 Pacific Ave., Dallas, Persas		
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
	If well produces oil or liquids, give location of tanks.	M 13 26H 7.I	Yes		
	L	<del> </del>	-L	1-26-65	
w	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	<u>R-5403</u>	
Off Well Con Well Draw (C.)					
	Designate Type of Completio	on = (X)		Plug Back   Same Resty. Diff. Resty.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	9-7-65	6-13-77	7031	1	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	6900 Tubing Depth	
	6122 Gr.	Mesa Verde Dakota	4602		
	Perforations	11000 10100 Bentood	4002	6303 Depth Casing Shoe	
	4602 to 6328 Commingled			1	
	TUBING, CASING, AND CEMENTING RECORD 7023				
}	UOLE CITE				
	13 3/4"	9 5/3"	DEPTH SET	SACKS CEMENT	
}	7 7/3"	4 1/2	7023	200	
1		1 1/4"	6908	1360	
Ì		<u> </u>	. 0700	<del> </del>	
L		L	L	1	

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-Bhis. Water-Bble. Gas - MCF

Well now shut in for initial packer test.

| Length of Teet | Bble. Condensate/MMCF **GAS WELL** <u>6-23</u> turn Actual Prod. Test-MCF/D Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

## VI. CERTIFICATE OF COMPLIANCE

IV

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.

(Signature) Superintendent

(Title)

(Date)

## OIL CONSERVATION COMMISSION

1111 35 1777 APPROVED By Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #3

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.

Sanareta Forms C-104 must be filed for each nool in multiply