

DISTRIBUTION	5
SANTA FE	1
FILE	1
J.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

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 1-1-65

Operator Caulkins Oil Company	
Address P.O. Box 780, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech C	Well No. 323	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 03554
Location Unit Letter M ; 890 Feet From The South Line and 1190 Feet From The West Line of Section 14 Township 26 North Range 6 West , 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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 P	Sec. 9
	Twp. 26 N	Rge. 6 W
	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 6-21-65	Date Compl. Ready to Prod. 8-20-65	Total Depth 7670	P.B.T.D. 7610					
Elevations (DF, RKB, RT, GR, etc.) 6736 Gr.	Name of Producing Formation Dakota	Top Oil/Gas Pay 7346	Tubing Depth 7327					
Perforations 7608-7600, 7586-7574, 7540-7530, 7494-7482 and 7390-7346	Depth Casing Shoe 7656							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
13 3/4"	9 5/8"		273			200		
7 7/8"	4 1/2"		7656			700		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be shut-in or bled 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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 5963	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) 1 Point Back Pressure	Tubing Pressure (shut-in) SI 2444, 3 hr flow 400	Casing Pressure (shut-in) SI 2469, 3 hr flow 981	Choke Size .75"

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.

Richard E. DeGuerre  
(Signature)  
Superintendent  
(Title)  
11-6-76  
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 22 1976, 19\_\_\_\_  
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.

Separate Forms C-104 must be filed for each pool in multiple