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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
 Operator: Caulkins Oil Company
 Address: Post Office Box 780, Farmington, New Mexico
 Reason(s) for filing (Check proper box):
 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Breech A</u>	Well No. <u>229</u>	Pool Name, Including Formation <u>Blanco Mesa Verde</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>SE079035A</u>
Location Unit Letter <u>D</u> ; <u>790</u> Feet From The <u>West</u> Line and <u>1170</u> Feet From The <u>North</u> Line of Section <u>17</u> Township <u>26 North</u> Range <u>6 West</u> NMPM, <u>Rio Arriba</u> 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"/> <u>Shell Oil Company Pipeline</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>17</u> Twp. <u>26N</u> Rge. <u>6W</u>	Is gas actually connected? <u>Yes</u> When _____

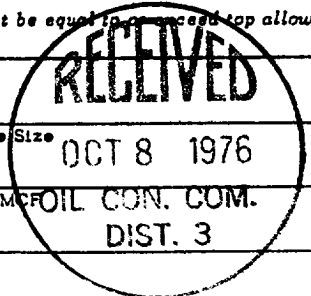
If this production is commingled with that from any other lease or pool, give commingling order number: _____

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 <u>5-17-65</u>	Date Compl. Ready to Prod. <u>8-22-65</u>	Total Depth <u>7314</u>	P.B.T.D. <u>7165</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6392 Gr</u>	Name of Producing Formation <u>Mesa Verde</u>	Top Oil/Gas Pay <u>4946</u>	Tubing Depth <u>4951</u>					
Perforations <u>4946-5056</u>	Depth Casing Shoe <u>7310</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>13 3/4</u>	<u>9 5/8</u>	<u>359</u>	<u>300</u>					
<u>7 7/8</u>	<u>4 1/2</u>	<u>7310</u>	<u>700</u>					
	<u>1</u>	<u>4951</u>						

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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		



GAS WELL

Actual Prod. Test-MCF/D <u>1232</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>1032</u>	Casing Pressure (shut-in) <u>1028</u>	Choke Size <u>3/4</u>

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.

Charles Dejean
(Signature)
Superintendent
(Title)
9-30-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____
SUPERVISOR DIST. #3

TITLE _____

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 multiply completed wells.