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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECOMPLETION

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, N. M.

10-12-61

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Caulkins Oil Company

Reuter

Well No. PC-297, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

L Unit Letter, Sec. 15, T. 26 N, R. 6 W, NMPM, South Hance Pictured Cliffs Pool

Rio Arriba

County. Date Spudded 4-15-51 Date Drilling Completed 5-24-51

Please indicate location:

Elevation 6496 DF Total Depth 2936 PBD 2936

Top Oil/Gas Pay 2857 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations

Open Hole 2861 to 2936 Depth Casing Shoe 2861 Depth Tubing 2836

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 10-4-61 Fractured w/ 50,000# 10-20 sand and 26,796 gal. water

Casing Press. _____ Tubing Press. _____ Date first new oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gas Company

Remarks: No potential test taken following frac. Well is now on deliverability test

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: NOV 16 1961, 19____

Caulkins Oil Company

(Company or Operator)

By: Frank W. Gray

(Signature)

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

Title: PETROLEUM ENGINEER DIST. NO. 3

Title: Superintendent

Send Communications regarding well to:

Name: Frank Gray

Address: Box 780, Farmington, N. M.

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
ALBUQUERQUE OFFICE	
NUMBER OF COPIES OF THIS REPORT	
DATE	
SANTA FE	
TEL.	
U.S. DIST.	
LAND DIST.	
TRANSPORTATION	WILSON
PROPERTY	WILSON
OPERATOR	