/			,
DISTRIBUTION			/
SANTA FE /	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		
FILE	# REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
u.s.g.s.	-	AND	• • • •
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATUR	AL GAS
TRANSPORTER OIL GAS /	-		
OPERATOR 3	-		
PRORATION OFFICE	· - ·		
Operator			
Caulkins Cil Company			
Post Office Box 780.	Farmington, New Mexico		
Reason(s) for filing (Check proper box)	Other (Please explain,	
New Well	Change in Transporter of:		
Recompletion XX	OII Dry Go	as 🗍	OHL
Change in Ownership	Casinghead Gas Conde	nsate	,
If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND	LEASE.		·
Lease Name	Well No. Pool Name, Including F	ormation Kind of	Lease No.
Reuter	297 South Blanco	Pictured Cliff State, F	1 - 1
Location		ro Chaera	
Unit Letter L ; 1	.650 Feet From The South Lir	ne and 990 Feet i	rom The West
Line of Section 15 To	wnship 26 North Range	6 West NMPM	Rio Arriba County
Name of Authorized Transporter of Oil		Address (Give address to which	approved copy of this form is to be sent)
Name of Authorized Transporter of Cas	<u> </u>	i _	approved copy of this form is to be sent)
Gas Company of New Me		1508 Pacific Ave.,	Dallas, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Yes	When 19 <i>5</i> 1
If this production is commingled win COMPLETION DATA	th that from any other lease or pool,	give commingling order number	R - 5648
Designate Type of Completion	i_^	<u> </u>	n Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-15-51 Florations (PF, BVB, BT, CD)	9-1-78	3882	3882
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
6496 Gr.	Pictured Cliffs	3741 1 2860	3820
Perforations	(naera)		Depth Casing Shoe
2860 to 2931			3882
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15 1/4"	10 3/4"	360	196
8 3/4"	7"	2861	162
6 1/4"	4 1/2"	3882	250
	1 1/4"	3820	
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)	d oil and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Sz RL
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gan MCF SFP 7.5 1074

L			
Length of Test	Tubing Pressure	Casing Pressure	Chok • 9.22
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gan-MCF SEP 15 1979
GAS WELL			OIL CON. CO. DIST. 3
Actual Prod. Test-MCF/D 489 699	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	561	583	3/4"
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION COMMISSION	

VI.

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 E. Ouquer
(Signature)
Superintendent
(Title)

(Date)

9-8-78

11.

III.

IV.

APPROVED. By Original Signed by A. R. Kendrick SUPERVISOR DIST. #2 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.

Fitl out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Senerate Forms C-104 must be filled for each nool in multiply