

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	1
PRODUCTION 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

**I. Operator**

**Caulkins Oil Company**

**Address**  
**Post Office Box 780, Farmington, New Mexico**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input 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 <b>Breech "E"</b>	Well No. <b>89</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location: Unit Letter <b>L</b> ; <b>990</b> Feet From The <b>West</b> Line and <b>2075</b> Feet From The <b>South</b>			
Line of Section <b>3</b> , Township <b>26 North</b> Range <b>6 West</b> , N.M.P.M., <b>Rio Arriba</b> 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"/>	<b>Shell Oil Company</b>	Address (Give address to which approved copy of this form is to be sent)	<b>P. O. Box 1588, Farmington, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	<b>Southern Union Gas Company</b>	Address (Give address to which approved copy of this form is to be sent)	<b>Fidelity Union Tower Building 1508 Pacific Avenue, Dallas, Texas</b>
If well produces oil or liquids, give location of tanks.	Unit <b>P</b> Sec. <b>9</b> Twp. <b>26 N</b> Rge. <b>6W</b>	Is gas actually connected?	<b>No</b> When _____

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

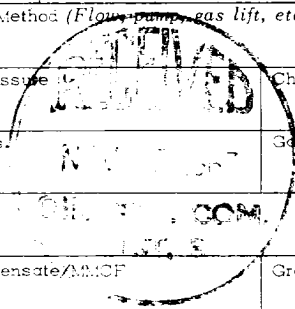
**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <b>9-15-67</b>	Date Compl. Ready to Prod. <b>10-12-67</b>		Total Depth <b>7550</b>		P.B.F.D. <b>7519</b>			
Pool <b>Basin Dakota</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>7222</b>		Tubing Depth <b>7234</b>			
Perforations <b>7222 to 7492</b>						Depth Casing Shoe <b>7550</b>		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
<b>13 3/4"</b>		<b>9 5/8"</b>		<b>462</b>		<b>350</b>		
<b>7 7/8"</b>		<b>4 1/2"</b>		<b>7550</b>		<b>700</b>		
		<b>2 3/8"</b>		<b>7234</b>				

**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-Bbls.	Water-Bbls.	Gas-MCF



**GAS WELL**

Actual Prod. Test-MCF/D <b>5797</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>1 pt. back pressure</b>	Tubing Pressure <b>2181-382</b>	Casing Pressure <b>2420-1307</b>	Choke Size <b>3/4"</b>

**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 Deussen*  
(Signature)  
**Production Foreman**  
(Title)  
**10-31-67**  
(Date)

OIL CONSERVATION COMMISSION  
NOV 2 1967

APPROVED \_\_\_\_\_  
BY Original Signed by **Emery C. Arnold**<sup>19</sup>  
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 Sections I, II, III, and VI only 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