

DISTRIBUTION	
ANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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

I. Operator
Caulkins Oil Company
Address
P.O. 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 ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech E	Well No. 89	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed.	Lease No. NM03551
Location Unit Letter L : 990 Feet From The West Line and 2075 Feet From The South Line of Section 3 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"/> Shell Pipeline	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"/> Gas Company of New Mexico	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? When Yes

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 Restv.	Diff. Restv.
		X						
Date Spudded 9-15-67	Date Compl. Ready to Prod. 10-12-67	Total Depth 7550	P.B.T.D. 7519					
Elevations (DF, RKB, RT, GR, etc.) 6524 Gr.	Name of Producing Formation Dakota	Top Oil/Gas Pay 7222	Tubing Depth 3234					
Perforations 7222 to 7492			Depth Casing Shoe 7550					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	462	350					
7 7/8"	4 1/2"	7550	700					
	2 3/8"	7234						

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)

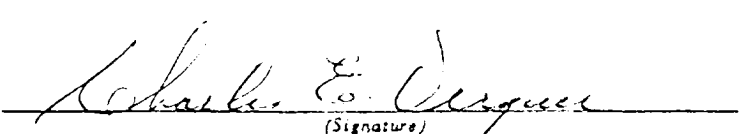
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 6777	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) 1 pt. Back Pressure	Tubing Pressure (Shut-in) 2181-382	Casing Pressure (Shut-in) 2420-1307	Choke Size 3/4"

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.


Superintendent
11-6-76
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY Original Signed by A. E. Kendrick
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 multiple