J.S.G.S.	4	T FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C Effective 1-1-65
LAND OFFICE TRANSPORTER GAS	- AUTHORIZATION TO TI	RANSPORT OIL AND NATURAL	. GAS
PRORATION OFFICE Operator			
Caulkins Oil Com	pany		
P.O. Box 780, Far Reason(s) for filing (Check proper bo	rmington, New Mexico	Other (Please explain)	
New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry (Casinghead Gas Cond		
change of ownership give name nd address of previous owner		·	
ESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including		
Breech A	175 Basin Dak		Lease No.
Unit Letter J ; 22	275 Feet From The South	ine and 1580 Feet From	n TheEast
Line of Section 8 To	ownship 26 North Range	6 West , NMPM, Rio	Arriba County
ESIGNATION OF TRANSPOR Name of Authorized Transporter of Or Shell Pipeline	or Condensate	AS Address (Give address to which appl P.O. Box 1588, Farmi	roved copy of this form is to be sent)
Same of Authorized Transporter of Co Gas Company of New 1		Address (Give address to which appr	roved copy of this form is to be sent)
well produces oil or liquids,	Unit Sec. Twp. P.ge.	,	Lias, Texas
ive location of tanks. this production is commingled w	C 9 26 N 6 W		
OMPLETION DATA Designate Type of Completi	Oil Wall Cas Wall	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-3-69	7-10-69	7330	7300
levations (DF, RKB, RT, GR, etc.) 6388 DF	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
erforations	<u>Dekota</u>	6981	7030 Depth Casing Shoe
64	990 to 7278		7330
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/1."	9 5/8"	261	200
7_7/8 <u>"</u>	4 1/2" 2 3/8"	7330	700
	2 3/8"	7030	
EST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oilepth or be for full 24 hows)	l and must be equal to or exceed top allo
ate First New Oil Run To Tanks	Date of Teat	Producing Method (Flow, pump, gas I	lift, etc.)
ength of Teet	Tubing Pressure	Casing Pressure	Choke Size
ctual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gqs-MCF
AS WELL			The same of the sa
ctual Prod. Test-MCF/D 7189	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
esting Method (pitot, back pr.) 1 pt. Back Pressure	Tubing Pressure (Shut-in) 2466	Casing Pressure (shut-in) 2409	Choke Size

Superintendent

11-6-76

(Title)

(Sace)

TITLE COSSESSED FOR

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. Sanarate Forms C-104 must be filled for each cool in multiply