NO. OF COPIES RECEIVED		5		
DISTRIBUTION				
SANTA FE		1		
FILE		1	-	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	7		
	GAS	/		
OPERATOR		1		
PRORATION OFFICE				
Operator				
Caulkins Oil Company				
Address				

10-13-69

(Date)

DISTRIBUTION SANTA FE		ONSERVATION COMMISSION Form C -104	
FILE	REQUEST	FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S.	ALITHODIZATION TO TRA	AND NSPORT OIL AND NATURAL	CAS
LAND OFFICE	AUTHORIZATION TO TRA	NSFORT OIL AND NATURAL	GAS
OIL /			
TRANSPORTER GAS /			
OPERATOR /			
PRORATION OFFICE			
Operator			
Caulkins Oil Compan	y		
Address			
P. 0. Box 780, Farm		Other (Please explain)	
Reason(s) for filing (Check proper bo	Change in Transporter of:	Other (I tease explain)	
New Well	Oil Dry Ga		
Recompletion Change to Ourseship	Casinghead Gas Conden	≔ !	
Change in Ownership	Custinghead Gus Conden		
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lea	Lease No.
Breech "E"	68 Basin Dakota	State, Fede	eral or Fee Fed. 03551
Location			
Unit Letter F ; 236	Feet From The North Lin	e and 1820 Feet From	m The West
Cint Letter			
Line of Section 4 T	ownship 26 North Range	6 West, NMPM,	Rio Arriba County
III. <u>DESIGNATION OF TRANSPO</u>	RTER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of O	il or Condensate 🛣		proved copy of this form is to be sent)
Shell Oil Company			armington, New Mexico
Name of Authorized Transporter of C		Fide ity Union To	roved copy of this form is to be sent)
Southern Union Gas		1508 Pacific Avenu	ie, Dallas, Texas
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	C 9 20N 0W	NO	
If this production is commingled v	with that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty
Designate Type of Complet		X	, ray gain take the state of
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded 6-29-69	Date Compl. Ready to Prod. 8-10-69	7560	7530
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth
6536 DF	Dakota	7202	7360
Perforations	Danova	1202	Depth Casing Shoe
7208 to 748	ચ.		7560
7200 00 740		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	9 5/8#	258	200
13 3/4" 7 7/8"	4 1/2"	7560	750
/ //8"	2 3/8"	7360	13
	~ 1/0		
V. TEST DATA AND REQUEST	FOR ALLOWARIE (Test must be a	after recovery of total volume of load	oil and must be equal to or exceed top allow
OIL WELL	able for this de	epth or be for full 24 hours)	COLIN
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.) OF FIVEN
			/ NI.ULIYLD
Length of Test	Tubing Pressure	Casing Pressure	Chake Size
i			OCT 1 4 1969
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gad-MCF
			OIL CON. COM.
			DIST. 3
GAS WELL			10
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
7141	3 hours	100000000000000000000000000000000000000	Chaha Sina
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
1 pt. back pressure		2143	3/1 H
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION (ICT 14 1969)
		ABBBOVES	
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. BY Original Signed		by Emery C. Arnold	
Commission have been complied	i with and that the information given the best of my knowledge and belief.	By Original Signed	DA Present -
above is tide and complete to	· · · · · · · · · · · · · · · · · · ·		SUPERVISOR DIST. #5
		SUPERVISOR DIST. #3 TITLE	
/////	· /		
(Okarling	(Jerguer	To this is a sequent for all	Howahie for a newly drilled or deepend
(5)	ignature)	well, this form must be accorded tests taken on the well in according to the second se	npanied by a tabulation of the deviation
Superinten	dent.	All sections of this form	must be filled out completely for allow
	(Title)	able on new and recompleted	wells.

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 multiply completed wells.