TIES NECEIVED 11307108 NEW MEXICO OIL COMPLEVATION COMMISSION REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE IRANSPORTER GAS OPERATOR PROPATION OFFICE Operator Caulkins Oil Company Address Post Office Box 780, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Pée 387 Breech D South Blanco-Pictured Cliffs Federal NMO3553 790 0 South Line and _ 1650 Unit Letter Feet From The 22 Line of Section Township 26N Range 6W , NMPM, County Rio Arriba II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil _____ or Condensate _____ Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Bldg., 1508 Pacific, Dallas is gas actually connected? Southern Union Gas Company P.ge. Sec. Twp. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA New Well Workover Gas Well Plug Back | Same Res'v. Diff. Res'v. Deepen Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 9-7-74 10-9-74 4022 4022 Elevations (DF, RKB, RT, GR, etc.) Top Oll/Gas Pay Tubing Depth Name of Producing Formation 6727 DF Pictured Cliffs 3012 Depth Casing Shoe Perforations 3010-3030 and 3064-3084 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 12 1/4" 8 5/8" 1381 100 41.5 7/8" 40221 1 :1 29451 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Choke Size Tubing Pressure Casing Pressure Length of Test

Water - Bble. Gas - MCF Oil - Bbls. Actual Prod. During Test **GAS WELL**

CERTIFICATE OF COMPLIANCE		OIL CONSER	OIL CONSERVATION COMMISSION JAN 8 1974	
Back pressure	915	920	3/4"	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
1.600	3 Hrs.			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.

apportained Signed by Emery C. Arnold

SUPERVISOR DIST. #3

1974

DEC TITLE OIL CON.

3^{Th.!}; form is to be filed in compliance with RULE 1104.

This is a request for silowable for a newly drilled or despended work, 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 multiply

Superintendent (Title) 12-1-74 (Date)