

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Fbrn C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

DISTRIBUTION	
SANTA FE	1
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS 1
OPERATOR	2
PRORATION OFFICE	

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)
Commingled PC& Chacra
 If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Breech " D " **Well No.** 387 **Well Name, Including Formation** South Blanco PC Otero Chacra **Kind of Lease** Fed **Lease No.** NM03553
Location
 Unit Letter 0 ; 790 Feet From The South Line and 1650 Feet From The East
 Line of Section 22 Township 26N Range 6W , NMPM, Rio Arriba County

III. 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 or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico 1508 Pacific Ave, Dallas, Texas
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
 Yes, 5-4-78
 If this production is commingled with that from any other lease or pool, give commingling order number: R-5648

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>9-7-74</u>	Date Compl. Ready to Prod. <u>4-27-78</u>	Total Depth <u>4022</u>	P.B.T.D. <u>4022</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6727 DF</u>	Name of Producing Formation <u>Chacra & Pictured Cliffs</u>	Top Oil/Gas Pay <u>3012</u>	Tubing Depth <u>3902</u>					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>138</u>	<u>100</u>
<u>7 7/8</u>	<u>4 1/2</u>	<u>4022</u>	<u>415</u>
	<u>1"</u>	<u>3902</u>	

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 <u>196</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Turned on line to Gas Company of New Mexico</u>	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) <u>5-6-78</u>	Choke Size

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.
Douglas Blawie
 (Signature)
Production Foreman
 (Title)
5-23-78
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED JUN 1 1978, 19____
 Original Signed by A. R. Kendrick
 BY _____
 TITLE SUPERVISOR DIST. 43
 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 well in multiple

