	<u> </u>	15	1							
	DISTRIBUTION			NEW MEXICO OIL CONSERVATION COMMISSIO						
	ANTA FE	i]			FOR ALLOWABLE				
	FILE	1 -	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AND	LOWABLE			
	J.S.G.S.		AUTHO	1017 A TIC	או דה דם		011 4410	~		
	LAND OFFICE		AOTTIC	MIZAII	או טו אנ	ANSPUR I	OIL AND	NATURAL	GAS	
	011		1							
	TRANSPORTER GA									
	OPERATOR	-+-+-	1							
		121	1							
I.	PRORATION OFFICE Operator		<u> </u>							
	Caulkins Oi	il Compa	ny							
	P.O. Box 78	30. Farm	ington. Ne	ew Mexi	co					
	Reason(s) for filing (Chec						Other (Please	avalais)		
	New Well			Transport	er of	İ	Omer 1 tease	expluin)		
	Recompletion		Change in Transporter of: Oil Dry Go			[77]	LAI			
			-		•					
	Change in Ownership		Casinghe	ad Gas	Conde	ensate				
	If change of ownership	zive name	•							
	and address of previous						··-			
11.	DESCRIPTION OF WI	ELL AND		5						
			1 . 1		, Including F			Kind of Lea	S e	
	Breech E		564	Pic	tured C	liffs		State, Fede	ral or Fe	
	Location	i t	50							
	Unit Letter A	. 11	10 Feet Fro	m The	lorth	ne and	790	FeetFrom	The	
										
	Line of Section 1	Tov	mship 26	North	Range	6 West	, NMPM	, Rio	Arrib	
								·		
III.	DESIGNATION OF T	. INSPORT	TER OF OIL	AND NA	TURAL GA	AS				
	Name of Authorized Trans	or Co	or Condensate			Give address	o which appr	oved cop		
	1									
	Name of Authorized Trans	inghead Gas	lexico			Address (Give address to which approved cop 1508 Pacific, Dallas, Texa				
	Gas Company	Mexico								
						Is gas actually connected? When				
	If well produces oil or liq give location of tanks.	1 ,				Yes				
										
	If this production is com	mingled wit	h that from an	y other lea	ase or pool,	give comm	ingling order	number:		
	COMPLETION DATA			il Well	Gas Well	New Well	Workover	Deepen	Plug	
	Designate Type of	Completio	n = (X)		1	1	1	, Deopen	1 1149	
	Date Spudded		Date Compl. R		<u> </u>	Transl D.	., .		- 	
	Date Spudded			-	oa.	Total Dep			P.B.	
	9-20-74		11-12-74			3400*				
	Elevations (DF, RKB, RT	, GR, etc.,	Name of Produ	cing Forma	tion	Top Oll/G	as Pay		Tubi	
	6613 DF		Pict	ured C	liffs	<u> </u>	319	5		
i	Perforations								Dept	
			3196	-3222.	3248-32	258 and	3312-332	0		
	3196-3222, 3248-3258 and 3312-3320 TUBING, CASING, AND CEMENTING RECORD									
	HOLE SIZE			& TUBIN			DEPTH SE		<u> </u>	
	12 1/4"		8 5/			+	118			
	7 7/8"		3 1/			+	3400			

1/2"

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 Lease No. NM 03551 Fed. East County by of this form is to be sent) by of this form is to be sent) Same Res'v. Diff. Res'v. T.D. <u>34</u>00' ng Depth 3228 h Casing Shoe 3400 SACKS CEMENT 100 250

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to at able for this depth or be for full 24 hours)										
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, ptc.).							
Length of Test	Tubing Pressure	Coming Pressure	Choke Size 2 13							
Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	GONNERCE DIST. 3							
GAS WELL										
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate							
2733	3 Hours									
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
Back Pressure	Back Pressure 855		3/4"							
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION COMMISSION								

3228**'**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the beat of my knowledge and belief. Superintendent (Title) 11-6-76 (Date)

APPROVED By Original Signed by A. 1 SUPSECTION PISE 03 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.

Fit1 out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Renerate Forms C-104 must be filled for each cool in multiple