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

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

Operator Caulkins Oil, Company	
Address P. O. Box 780, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE	
Lease Name Breech "B"	Well No. 217
Pool Name, including Formation Otero-Chacra	Kind of Lease State, Federal or Fee Fed.
Lease No. NM 0338	
Location	
Unit Letter D ; 820 Feet From The North Line and 1000 Feet From The West	
Line of Section 14 Township 26N Range 7W , NMPM, Rio Arriba County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gas Company	Fidelity Union Bldg. 1508 Picific, Dallas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
	X X
Date Spudded 6-28-75	Date Compl. Ready to Prod. 7-26-75
Total Depth 3375	P.B.T.D. 3369
Elevations (DF, RKB, RT, GR, etc.) 6127 Gr.	Name of Producing Formation Chacra
Top Oil/Gas Pay 3172	Tubing Depth 3159
Perforations 3172-3192 and 3212-3222	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
12 1/4"	8 5/8"
6 3/4"	4 1/2"
	1 1/4"
DEPTH SET	SACKS CEMENT
150	100
3369	442
3159	

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-Bble.	Water-Bble.	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D 1529	Length of Test 3 hrs.
Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitos, back pr.) back pressure	Tubing Pressure (Shut-in) 1150
Casing Pressure (Shut-in) PKR	Choke Size 3/4"

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.	
OIL CONSERVATION COMMISSION APPROVED OCT 7, 1975 BY Original Signed by A. R. Kendrick SUPERVISOR DIST. #3 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. 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.	
Superintendent (Signature) 8-20-75 (Date)	