

DISTRIBUTION		5
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

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

I. OPERATOR
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: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) Commingle Pictured Cliffs and Chacra
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Breech "B" Well No.: 217 Pool Name, Including Formation: Potero-Chacra Kind of Lease: Fed. Lease No.: Im03381
Location: Unit Letter D; 820 Feet From The North Line and 1000 Feet From The West
Line of Section 14 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 4-3-78

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.
X
Date Spudded 6-28-75 Date Compl. Ready to Prod. 3-21-78 Total Depth 3375 P.B.T.D. 3369
Elevations (DF, RKB, RT, GR, etc.) 6127 GR Name of Producing Formation Chacra-Pictured Cliffs Top Oil/Gas Pay 3172 Tubing Depth 3220
Perforations 2286-2304-, 2332-2340, 2344-2348, 3172-3192, 3212-3222 Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8" 150 100
6 3/4" 4 1/2" 3369' 442
1" 3220'

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 _____
Turned on line to Gas Company of New Mex. 4-3-78

GAS WELL
Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Turned on line to Gas Company of New Mex. 4-3-78
Testing Method (pitot, back pr.) _____ Tubing Pressure (shut-in) _____ Casing Pressure (shut-in) _____ 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 Blum (Signature)
Prod. Foreman (Title)
4-6-78 (Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR CIVIL ENGR
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 multiple