or of correct	.,,	16	,
DISTRIBUTION		1	
SANTA FE			
FILE		17	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		3	
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Form C-104 Supersedes Old C-104 and C-110

IEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE **AND** Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Caulkins Oil Company Address P.O. Box 780, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Commingled Pictured Cliffs and Chacra 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 Fee 193 Breech B South Blanco- PC NM-03381 Fed. Location 860 Feet From The South Line and 950 Unit Letter West Feet From The Range 6 West Township 26 North , 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 Address (Give address to which approved copy of this form is to be sent) Gas Company of New Mexico 1508 Pacific Ave., Dallas, Texas P.ge. Twp. Is gas actually connected? If well produces oil or liquids, Yes If this production is commingled with that from any other lease or pool, give commingling order number: R-5648 IV. COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) X Date Compl. Ready to Prod. Total Depth P.B.T.D. 7-5-77 7-30-77 3900 3900 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Death 6500 Gr. Pictured Cliffs 2780 3695 Depth Casing Shoe 2780 to 2840 39001 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12 1/4" 8 5/8" 141 150 7 7/8" 4 1/2" 3900 690 3695 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, Jump, gas lift, etc.) Tubing Pressure Casing Pressure Length of Test Choke Size Woster - Bible. 1379 Actual Prod. During Test Oil-Bbls. Gas - MCF 1. 1. 3 **GAS WELL** Actual Prod. Test-MCF/D Bbls. Condesate/MMCP Length of Test Gravity of Condensate 185 24 hrs. Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Gas Company of New Mex. 480 OIL CONSERVATION COMMISSION ل بال APPROVED_ 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. Original Signed by FRALE TITLE DEPUTY OL & This form is to be filed in compliance with RULE 1104.

VI. CERTIFICATE OF COMPLIANCE

(Signature) Superintendent

(Date)

(Title)

7-27-79

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.

Fifl out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Sanarate Forms Called must be filed for each pool in multiply