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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

I. Operator
Caulkins Oil Company
Address
Post Office Box 780, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter oil ☐
Recompletion ☐ Oil ☐ Dry Gas ☒ Other (Please explain)
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Change name of gas transporter

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech F	Well No. 8	Pool Name, Including Formation South Blanco PC	Kind of Lease State, Federal or Fed. Fed.	Lease No. NM 03547
Location Unit Letter A ; 990 Feet From The North Line and 990 Feet From The East Line of Section 34 Township 27 N Range 6 W , NMPM, Rio Arriba County				

III. 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 type="checkbox"/>	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

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

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 2-25-59	Date Compl. Ready to Prod. 5-17-59	Total Depth 7749	P.B.T.D. 7632					
Elevations (DF, RKB, RT, GR, etc.) 6616 KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3180	Tubing Depth 3157					
Perforations 3180 to 3224	Depth Casing Shoe 7728							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15	10 3/4	147	125					
9 7/8	7 5/8	4662	375					
6 3/4	5 1/2	7728	140					
	3/4	3157						

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 1244	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Press	Tubing Pressure (Shut-in) 751	Casing Pressure (Shut-in) 751	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.

Charles E. Vergara
(Signature)
Superintendent
(Title)
November 5, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 22 1976, 19_____
BY Original Signed by A. R. Kendrick
TITLE INTERIM TEST #6

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.