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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
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. 12	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 03547
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>35</u> Township <u>27 N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> 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)	
Shell Oil Company,	P. O. Box 1588, Farmington, New Mex.	
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)	
Gas Company of New Mexico	1508 Pacific Ave., Dallas, Texas	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 35
	Twp. 27N	Rge. 6W
	Is gas actually connected? Yes	
	When	

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 5-10-58	Date Compl. Ready to Prod. 9-19-58	Total Depth 5682	P.B.T.D. 5582 5670					
Elevations (DF, RKB, RT, GR, etc.) 6608 GL	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4920	Tubing Depth 5488X 5506					
Perforations 4925 to 5622	Depth Casing Shoe 5670							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/8	10 3/4	124	100					
9 7/8	7 5/8	3391	253					
6 3/4	5 1/2	5670	300					
	2 3/8	5506						

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
			NOV 22 1976
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	GAS CON. COM. DIST 3

GAS WELL

Actual Prod. Test-MCF/D 3448	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1000	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.

Richard E. Vargue
(Signature)
Superintendent
(Title)
November 5, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 22 1976, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. 3

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.