L		16	. 1
DISTRIBUTIO	1		
SANTA FE	7		
FILE	17	7	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	71	
OPERATOR	2		
PRORATION OF	1		
Operator			

	SANTA FE	REQUEST FOR ALLOWARIE			Fr m C-104 Supersedes Old C-104 and C-1							
	FIGE U.S.G.S.	AND				E:lective I	-1-65					
	LAND OFFICE	_ AUTHORIA	ZATION TO TR	ANSPORT O	IL AND N	ATURAL (	GAS					
	TRANSPORTER OIL /	<b>1</b>										
	OPERATOR 2	4										
	PRORATION OFFICE	1										
••	Operator	<u></u>				<del></del>						
	Caulkins Oil Comp	any			·	·····						
	P.O. Box 780, Far	mington, New	Mexico									
	Reason(s) for filing (Check proper box New Well	ock proper box) Other (Please explain)										
	Recompletion	Change in Tra	nsporter of:  Dry G									
	Change in Ownership	Casinghead Go		<b>= 1</b> `	Jomming	led Mesa	Verde and Pi	ctured Cliff				
	If change of ownership give name and address of previous owner							·				
II.	DESCRIPTION OF WELL AND	I FACE										
	Lease Name		l Name, Including F	ormation		Kind of Lease	•	Lease No.				
	Breech F	Blanco- Mesa Verde State, Federal or Fe			or Fee Fed	NM-03547						
	Location	0	.,									
	Unit Letter A; 99	O Feet From Th	e North Lin	ne and 95	00	Feet From	rhe East	!				
	Line of Section 35 Tox	waship 27 North	h Range (	West	, NMPM,	Rio Arı	iba	County				
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND										
	Shell Pipeline	Or Conder	isate [A]	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Farmington, New Mexico				•				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X  Gas Company of New Mexico			Address (Give	address to	r armingt	ed copy of this form	CO is to be sent)				
				1508 Pacific Ave., Dallas, Texas								
	If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected? When			'n					
		th that from any oth	per lease or pool	Yes	ling order		D 5005					
	If this production is commingled with that from any other lease or pool, give commingling order number:  R-5925											
	Designate Type of Completion	on - (X)	1	New Well	Workover	Deepen	Plug Back Same I	Res'v. Diff. Res'v.				
	Date Spudded	Date Compl. Ready	to Prod.	Total Depth		<u> </u>	P.B.T.D.					
	5-10-58	9-19-58	8	568	2		5670					
	Elevation:6608RK是, RT, GR, etc.)			Top Oll/Gas Pay		Tubing Depth						
	6608 Gr. Mesa Verde		4920		5539 Depth Casing Shoe							
	4925 to 5622			,			1	5670				
	TUBING, CASING, AN			CEMENTING	RECORD							
	HOLE SIZE		UBING SIZE	<del></del>	EPTH SET	•	SACKS C	EMENT				
	13 3/8" 9 7/8"	10 3/4' 7 5/8'		124 3391		· · · · · · · · · · · · · · · · · · ·	100					
	6 3/4"	5 1/2'		5670		·	253 300					
		1 1/4'		5539			1 300					
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE		fter recovery of	total volume	of load oil a	end must be equal to c	or exceed top allow-				
i	OII. WELL able for this depth or be for full 24 hours)  Date First New Oil Run Ta Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)											
ĺ	•											
	Length of Test	Tubing Pressure		Casing Press	Te -		Choke Size					
	Actual Prod. During Test	Oil-Bbla.		Water - Bbls.			Gas-MCF					
						A Comment of the Comm						
	AAA WEE T											
[	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Condens	gte/MMCF		Gravity of Condense					
ļ	389	24 hrs										
	Testing Method (pitot, back pr.) Gas Company of New Mex.	Tubing Pressure (8)	hut-in )	Casing Press	-	n)	Choke Size					
<b>V</b>	CERTIFICATE OF COMPLIANCE			531			****					
¥ 8.	SENTITION E OF COMPENSAGE		OIL CONSERVATION COMMISSION									
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED AUG 2 1979 . 19									
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			APPROVED AUG 2 1979 . 19									
				TITLE DEPUTY GIL & GAS INSTECTOR, MIST. #3								
	111151		This form is to be filed in compliance with RULE 1104.									
_	Collactes C. Olequer			If this is a request for allowable for a newly drilled or deepened								
(Signature) Superintendent (Title) 7-27-79			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,									
							-	(Dat	well name or number, or transporter, or other such change of condition.			
										,		= n <del>rm</del> e (