DISTRIBUTION MEW MEXICO OIL CONSERVATION COMMISSION SANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE 1 AND Effective 1-1-65 U.\$.G.S AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Caulkins Oil Company 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 Change in Ownership Casinahead 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 382 South Blanco Pictured Cliffs State, Federal or Fee Breech Fed. Location __ Feet From The __South _Line and _ 1119 1580 Unit Letter West Feet From The Township 26 North Range 7 West , ммрм, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Oil 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) 1508 Pacific Ave., Dallas, Texas actually connected? When Gas Company of New Mexico Sec. If well produces oil or liquids, give location of tanks. Twp. P.ge. Is gas actually connected? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Workover Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod Total Depth P.B.T.D. 9-27-71. Elevations (DF, RKB, RT, GR, etc.) <u> 3675</u> 11-7-74 <u> 3675</u> Name of Producing Formation Tubing Depth Top Oil/Gas Pay 6522 Pictured Cliffs 2670 Gr. 2643 Perforations Depth Casing Shoe 3675 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 8 5/8" 12 1/4" <u>136</u> 100 4 1/2" 6 3/4" 3675 255 1" 2643 TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be adual to or excess 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, NOV 2 2 197 Length of Test Tubing Pressure OL COM. Casing Pressure COM Oll-Bbls. Actual Prod. During Test Water - Bble. -MCFUIST. 3 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 1175 3 Hours Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 3/4" 765 765 Back Pressure VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION I hereby certify that the rules and regulations of the Oil Conservation By Original Signed by A. R. Kendrick Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

(Title)

(Date)

Superintendent

11-6-76

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.

Legse No.

County

NM03733

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.

Sanarata Forms C-104 must be filed for each nool in multiniv