Separate Forms C-104 must be filed for each pool in multip

NERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION P. O. BOX 2088

1410			
DM			
OIL			
GAS			
PRORATION OFFICE			
	OIL GAS		

SANTA FE, NEW MEXICO 87501

	LAMO OFFICE TRANSPORTER OIL GAS OPERATOR	- REQUEST FOR ALLOWABLE AND ALITHOPIZATION TO TRANSPORT OIL AND NATURAL GAS						
·	Operation Office Caulkins Oil Company							
	Address	٠						
	P.O. Box 780 Fa Reason(s) for filing (Check proper box)	oson(s) for filing (Check proper box)						
	New Well	ell X Change in Transporter of:						
	Recompletion Change in Ownership	Casinghead Gas Condens	7					
;	If change of ownership give name and address of previous owner							
n.	DESCRIPTION OF WELL AND L	Well No. Pool Irania, me		Kind of Lease State, Federal	or Fee	Lease No.		
	Breech F	4M Basin Dakota	1	State, 1 dates	Federal	NM03547		
	Unit Letter 152	O Feet From The South Line	and 1070	Feet From T	e East			
	Line of Section 33 Town	nship 27 North Range 6	West , NMPN	A, Rio	Arriba	County		
11.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Inland Corporation	P O Roy 1528 Farmington, New Mex						
	Name of Authorized Transporter of Casi	lame of Authorized Transporter of Casinghead Gas or Dry Gas X			Address (Give address to which approved copy of this form is to be sent)			
	Gas Company of New	Mexico Unit Sec. Twp. Rge.	1508 Pacific		allas, Texas			
	If well produces oil or liquids, give location of tanks.	P 33 27N 6W	No	I				
v.	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling orde	Deepen	Plug Back Same Res	v. Diff. Res!		
	Designate Type of Completion		X					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D. 7500	•		
	8-23-81	Name of Producing Formation	7500 Top Oil/Gas Pay		Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc., 6508 Gr.	Dakota	7244		7497 Depth Casing Shoe			
	Perforations 7460 - 7244				7500_	•		
		TUBING, CASING, AND	CEMENTING RECO	RD	SACKS CEM	ENT		
	13 3/4"	CASING & TUBING SIZE 9 5/8"	30		250			
	7 7/8"	5 1/2"	750		1338			
	7 770	2 1/16"	749	7	:			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total vo-	lume of load oil o	and must be equal to or a	exceed top allo		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	ow, pump, gas lif	t, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	CENTRA	Choke Size			
	Actual Prod. During Test	OII-Bbls.	Water-Eble.	NS- 1981				
			l uc	CON COM	1			
	Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condens to MM	DISL 3	ravity of Condensate	•		
	2 252	3 Hours	Casing Presews (Six	···	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	PKR		3/4"			
3/1	Backpressure CERTIFICATE OF COMPLIAN		OIL	CONSERVAT	LION DIMISION 3 -	. 1981		
VI					140 4 9	19		
	I hereby certify that the rules and a Division have been complied with above is true and complete to the	TITLE: Supervisor District 第 3 This form is to be filed in compliance with RULE 1104.						
	\bigcap							
	1// 1							
	Charles C	If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviatively, that form must be accordance with RULE 111.						
	(Sten							
	Superi.	All sections of this form must be filled out completely for allo- able on new and recompleted wells.						
	10-	10-30-81		Fill out only Sections I, II. III, and VI for changes of owr well name or number, or transporter, or other such change of conditions and the such change of conditions.				

(Date)