

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS3102/12  
12-18-83  
RECEIVED

I. OPERATOR

Operator Caulkins Oil Company

Address P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) ON DIV. DIST. 3

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Breech "F"</u>	Well No. <u>1-E</u>	Pool Name, including Formation <u>South Blanco Tocito</u>	Kind of Lease State, Federal or Fee Federal	Lease No. <u>NM03547</u>
Location				
Unit Letter <u>M</u>	<u>1043</u>	Feet From The <u>South</u> Line and <u>983</u>	Feet From The <u>West</u>	
Line of Section <u>33</u>	Township <u>27 North</u>	Range <u>6 West</u>	NMPM, <u>Rio Arriba</u>	County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Giant Refinery</u>	<u>P.O. Box 256 Farmington, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990 Farmington, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>33</u> Twp. <u>27N</u> Rge. <u>6W</u>
	Is gas actually connected? <u>No</u> 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded <u>7-10-83</u>	Date Compl. Ready to Prod. <u>9-21-83</u> <u>10-24-83</u>	Total Depth <u>7687</u>	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) <u>6643 GR</u>	Name of Producing Formation <u>Tocito</u>	Top Oil/Gas Pay <u>6884</u>	Tubing Depth <u>6874</u>
Perforations <u>6886' to 6896' (Tocito)</u>		Depth Casing Shoe <u>7687</u>	

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>408'</u>	<u>354 Cu.Ft. (300 Sacks)</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>7687'</u>	<u>2004 Cu.Ft. (1300 Sacks)</u>
	<u>2 1/16"</u>	<u>6874'</u>	

## 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 <u>11-1-83</u> <u>8-29-83</u>	Date of Test <u>11-1-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 Hours</u>	Tubing Pressure <u>90</u>	Casing Pressure <u>317</u>	Choke Size <u>64</u>
Actual Prod. During Test <u>13.39</u>	Oil-Bbls. <u>13.39</u>	Water-Bbls. <u>Trace</u>	Gas-MCF <u>319</u>

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Charles E. Verguer  
(Signature)

Superintendent

(Title)

11-1-83

(Date)

## OIL CONSERVATION DIVISION

11-04-83  
APPROVED

NOV 04-1983

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 2

TITLE \_\_\_\_\_

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.