

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

**XXXXXXXXXX**  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico ..... 9-29-60  
(Place) ..... (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

**Caulkins Oil Company** ..... State **"B"** ..... Well No. **PD-233** ..... in **NW** ..... **NW** .....  
(Company or Operator) ..... (Lease)

**D** ..... Sec. **16** ..... T. **26N** ..... R. **6W** ..... NMPM, **South Blance Dakota** ..... Pool  
Unit Letter

**Pio Arriba**

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County. Date Spudded 1-4-52 Date Drilling Completed 8-7-60

Elevation 6697 U.L. Total Depth 7650 PBD 7510

Top Oil/Gas Pay 7275' Name of Prod. Form. Dakota

PRODUCING INTERVAL - 7574 - 4 holes; 7340 - 4 holes; 7250 - 4  
Perforations holes; 7478-7486 & 7410-7426 w/6 capsules per ft.

Open Hole None Depth 7644' Casing Shoe 7158' Depth 7158' Tubing

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Fract'd w/160,000# 40-60 sand & 140,700 gal. water &  
w/8000# 40-60 sand & 11,760 gal. water  
Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter Southern Union Gas Company

**Tubing, Casing and Cementing Record**

Size	Feet	SAX
10 3/4"	540	250
7" *	3038	200
5" ) 4 1/2" )	5613	375
1 1/4"	7158	

\*Already in well

Remarks: \_\_\_\_\_

I hereby certify that the information given above is true and complete to the best of my knowledge.  
Approved OCT 3, 1960 ..... 19..... **Caulkins Oil Company** .....  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

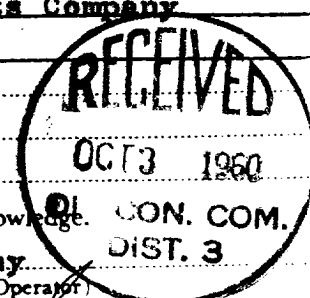
Title Supervisor Dist. # 3

By: Frank O. Gray  
(Signature)

Title Field Superintendent  
Send Communications regarding well to:

Name Frank O. Gray

Address Box 780, Farmington, New Mexico



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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