Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	-	TO TRA	NSF	PORT OI	L AND NA	TURAL	SAS					
Operator . Caulkins Oil Company						Well API No.						
Address Caulkins Off	<del></del>	300390815600 DS										
P.O. Box 340 Bloomfield, New Mexico 87413												
Reason(s) for Filing (Check proper box)    X Other (Please explain)   New Well												
New Well												
Change in Operator Casinghead Gas Condensate Change of tank location												
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL AND LEASE												
Lease Name	ing Formation		Kind	of Lease No.								
Breech "C"	I I				- 1			, Federal or Fe	_ 1	3554		
Location												
Unit Letter A: 990 Feet From The North Line and 1090 Feet From The East Line												
Section 12 Township 26 North Range 6 West , NMPM, Rio Arriba County												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										ent)		
G. ANT refinery												
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
If well produces bil or liquids, Unit Sec. Twp. Rge.					Is gas actually connected? When ?							
give location of tanks.	<u>i c i</u>	12	26N	6W								
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA												
		Oil Well		Gas Well	New Well	Workever	Deepen	Pluo Back	Same Res'v	Diff Res'v		
Designate Type of Completion		<u> </u>	_i_		j		L	l ling back	Same Res v	Din Res v		
Date Compl. Ready to Prod.					Total Depth P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth				
Perforations						Depth Casing Shoe						
TUBING, CASING AND CEMENTING RELORD												
HOLE SIZE	CASING & TUBING SIZE				CCIVICIALI	DEPTH SC		5	SACKS CEMENT			
<del></del>	<del> </del>		<del></del>				<del></del>	<del> </del>				
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		L		·					
OIL WELL (Test must be after re	Date of Test		of load	oil and must					or full 24 how	s.)		
Date First New Oil Run To Tank	Producing Method (Flow pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Pressu	re 4	. · · · · ·	Chake Size				
						• <del></del>			- · · · · · · · · · · · · · · · · · · ·			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	0072	0 1390	Gas-MCF				
GAS WELL O'S COM. DIV.												
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sate/MMIC			Gravity of Condensate			
	<u>.</u>					40.00	Marka († 1965) 		en i dag de salgo rama			
Tubing Pressure (Shut-in)					Casing Pressu	ire (Shur in)	:	Choke Size		;		
UI ODED ATOD CEDITICIC	ATE OF	COL		ICE	l		<del></del>					
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above					<b>DOT</b> 4 0 1000							
is true and complete to the best of my knowledge and belief.					Date Approved							
Charles E Cherene							_	· ~	1 1			
Signature Charles F. Verguer Sunt					By Change							
Charles E. Verquer Supt. Printed Name Title					TitleSUPERVISOR DISTRICT 13							
10-8-90 632-1544 Title												
Date Telephone No.												

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.