

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Caulkins Oil Company		Well API No.
Address P.O. Box 340 Bloomfield, New Mexico 87413		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech "C"	Well No. 144-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. NM 03554
Location Unit Letter C : 990' Feet From The North Line and 1560' Feet From The West 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refinery Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899 Bloomfield, New Mexico 87413	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 12
	Twp. 26N	Rge. 6W
	Is gas actually connected? No 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 5-30-90	Date Compl. Ready to Prod. 7-19-90		Total Depth 7647'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6630 Gr	Name of Producing Formation Dakota		Top Oil/Gas Pay 7366'		Tubing Depth 7493'			
Perforations 7374' to 7593'					Depth Casing Shoe 7647'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH		SACKS CEMENT			
12 1/4"	9 5/8"		451'		287.5 Cu. Ft.			
8 3/4"	7"		7647'		2197 Cu. Ft.			
	1 1/2"		7493'					

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 total allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Production Method (Shut-in, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2690	Length of Test 3 Hours	Bbls. Condensate/MCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1438	Casing Pressure (Shut-in) PKR	Choke Size 3/4"

VI. OPERATOR 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.

Signature Charles E. Verquer
Printed Name Charles E. Verquer Title Superintendent
Date 7-30-90 Telephone No. 505-632-1544

OIL CONSERVATION DIVISION

Date Approved AUG 17 1990

By Bruce D. Shum
Title SUPERVISOR DISTRICT #3

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.