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PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~RECOMPLETION~~
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 QUADRUPPLICATE 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, N. M.
(Place)

10-12-61
(Date)

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

Caulkins Oil Company
(Company or Operator)

Easton, Well No. PC-343, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Lease)

D Unit Section 22, T. 26 N., R. 6 W., NMPM., South Blanco Pictured Cliffs Pool

Rio Arriba

County. Date Spudded 12-20-51 Date Drilling Completed 1-7-52

Please indicate location:

Elevation 6655 GL Total Depth 3105 PBD 3105

Top Oil/Gas Pay 2972 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations

Open Hole 2975 to 3105 Depth 3105 Casing Shoe 2975 Depth 2985 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): 10-4-61 Frac'd with 50,000# 10-20 sand and 32,490 gal. water

Casing _____ Tubing _____ Date first new _____ Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gas Company

990 FHL, 990 FHL
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
10-3/4"	575	200
7"	2975	200
1"	2985	

Remarks: No potential test taken following frac. This well is now on leakability test.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved OCT 16 1961, 19____

Caulkins Oil Company
(Company or Operator)

By: Frank Gray
(Signature)

Title Superintendent

Send Communications regarding well to:

Name Frank Gray

Address Box 780, Farmington, N. M.

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

Title PETROLEUM ENGINEER DIST. NO. 3

STATE OF NEW YORK	
COUNTY OF ALBANY	
TOWN OF ALBANY	
N. HARRIS	
S. A. F.	
P. S. S.	
U. S. D. C.	
TRANS. ORTR	OIL GAS
PRODUCTION & SALE OPERATOR	