NO. OF COPIES RECEIVED		.	
DISTRIBUTION	NEW MEXICO OU CO	INSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE	/ KEGOCOTT	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GA	AS
LAND OFFICE	NOTHER LEADING TO THE	19. 517, 612 7.112 1.711 611. 12 61	
TRANSPORTER OIL GAS /			
OPERATOR 2			
PRORATION OFFICE			
Operator			
Caulki	ns Oil Company		
Address		Nov. Morriso	
Reason(s) for filing (Check proper box)	Box 780, Farmington,	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas	XX	
Change in Ownership	Casinghead Gas Condens	sate 🔲	
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.
Breech B	281 South Blance		or Fee Fed NM03381
Location D	LOT COUNT DIGHT.	 	The state of the s
Unit Letter L ; 165	O Feet From The South Line	, and <u>1190</u> Feet From T	he West
		To Summer The	Armi ha County
Line of Section 14 Town	$_{ m nship}$ 26 $_{ m N}$ Range 7	W , NMPM, Rio	Arriba County
Name of Authorized Transporter of Oil	er of oil and natural GA	S Address (Give address to which approv	ed copy of this form is to be sent)
	inghead Gas or Dry Gas X	Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Casi			
Gas Company of	lew Mexico	1508 Pacific Ave. Is gas actually connected? Whe	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	, g,	•
give location of tanks.		Yes	
If this production is commingled with	n that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Completion	n – (X)	1 1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		231.0	
5-9-52 Elevations (DF, RKB, RT, GR, etc.)	5-52 Name of Producing Formation	73/10 Top Oil/Gas Pay	Tubing Depth
6141 DF	Pictured Cliffs	2264	2200
Perforations	11Course Office		Depth Casing Shoe
Open I	Hole 2268' to 2340	1	2268
Open 1		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	104	50
7 7/8"	5 1/2"	2268	200
		<u>i </u>	L
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil (pth or be for full 24 hours)	and must be equal to or exceed top allow
OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
1	Oil-Bbls.	Water - Bbls.	Co-CNICE 1
Actual Prod. During Test	0.1-88.6.		Deal 3
GAS WELL			The same of the sa
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPLIANCE	<u> </u>	OIL CONSERVA	TION COMMISSION
1. CERTIFICATE OF COMPLIAN		1	
I hereby certify that the rules and r	regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by	A. K. Kendrick
above is true and complete to the	e pest of my knowledge and beiter.		

Superintendent

11-10-76

(Title)

(Date)

TITLE . This form is to be filed in compliance with RULE 1104.

STINGER OF

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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.