DISTRIBUTION HETE HE GUD OIL CONSERVATION COMMISSION ANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE AND J.S.G.S. AUTHOLICATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Caulkins Oil Company Address P.O. Box 780, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion OIL Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Legse No. 301 Breech State, Federal or Fee South Blanco PC Fed NMO3554 Locatio 1650 Feet From The_ Unit Letter Southne and 1660 Feet From The <u>East</u> Line of Section Township 26 N Range 6 W , NMPM, <u>Rio Arriba</u> 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) Name of Authorized Transporter of Casinghead Gas or Dry Gastry Address (Give address to which approved copy of this form is to be sent) 1508 Pacific Ave., Dallas, Is gas actually connected? When Gas Company of New Mexico Pige. If well produces oil or liquids, give location of tanks. Yes 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 Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) χ Date Compl. Ready to Prod. Total Depth P.B.T.D. 6-27-52 Elevations (DF, RKB, RT, GR, etc.) 6-52 Name of Producing Formation Top Oil/Gas Pay Tubing Depth 6673 DF Pictured Cliffs 3005 3068 Perforation Depth Casing Shoe x36000 $\pm x$ <u>Open hole</u> <u>3068 to 3175</u> 3005 <u> 3068</u> TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 8 5/8" 5 1/2 2 1/4" 445 200 <u> 3068</u> 200 7/4" 3068 V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbls. Gas - MCF 1):0 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED I hereby certify that the rules and regulations of the Cil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Original Signed by A. R. Kendrick TITLE This form is to be filed in compliance with RULE 1104. 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.

Sanarata Forms C-104 must be filed for each nool in multinis

Superintendent

(Title) 11-10-76

(Date)