	DISTRIBUTION SANTA FE	1	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116
	FILE / / / / / / / / / / / / / / / / / / /		AND INSPORT OIL AND NATURAL	Effective 1-1-65
1.	Operator Cau	lkins Oil Company		
ļ	P.O. Box 780, Farmington, New Mexico			
	Reason(s) for filing (Check proper box) New We!! Recompletion	Change in Transporter of: Oil Dry Ga	Other (Please explain)	
	Change in Ownership	Casinghead Gas Conden		
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Leas	se Lease No.
	Breech C	389 Basin Dakot	f	Fed. NMO3554
	Unit Letter L; 16	50 Feet From The South Lin	e and 1190 Feet From	The West
	Line of Section 13 Tov	wnship 26 North Range	6 West , NMPM, Rio	Arriba County
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS Address (Give address to which appro	oved copy of this form is to be sent)
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Gas Company of New Mexico 1508 Pacific Ave., Dallas, Texas			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? WI	nen
		th that from any other lease or pool,	give commingling order number:	
V.	COMPLETION DATA Designate Type of Completic	on - (X) Gas Well X	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded 6-4-62	Date Compl. Ready to Prod. 7-27-62	Total Depth 7750	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.) 6726 DF	Name of Producing Formation Dakota	Top Oil/Gas Pay 7350	Tubing Depth 7360
	Perforations 735	0-7576		Depth Casing Shoe 7727
	TUBING, CASING, AND CEMENTING RECORD			
	15 1/L"	10 3/4"	261	200
	7 7/8"	4 1/2"	7727 7360	820
		2 1/0		
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 allowable for this depth or be for full 24 hours)			
	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 Stre
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	GAS WELL			
	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
ΥI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED NOT Some 19 19 19 By Original Signed by A. R. Kendrick	

Superintendent

11-10-76

(Title)

Date

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.