	t	2	•		. 1 .			
•-	DISTRIBUTION	NEW MEXICO OU	CONSERVATION COMMISSI		!			
	SANTA FE /	RECUES	T FOR ALLOWABLE	•	Form C-104			
	FILE .	NEGOE3	•		Supersedes Old C-104 and C-1. Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO T	AND		THECHAS I-1-92			
	LAND OFFICE	AUTHORIZATION TO TH	RANSPORT OIL AND NAT	TURAL GAS				
	TRANSPORTER OIL / GAS /							
	OPERATOR 2							
ı.	PRORATION OFFICE	· ·	•					
I.	Operator							
	Caulkins Oil Compan	У						
	P.O. Box 780, Farmington, New Mexico							
	Reason(s) for filing (Check proper box) Commingle Wellbore Other (Please explain)							
	New Well Change in Transporter of:							
	Recompletion Oil Dry Gas Change Name of Gas Transporter							
	Change in Ownership		ensate Utange Nam	ne of Gas Tra	nsporter			
	If change of ownership give name and address of previous owner_	3						
11.	DESCRIPTION OF WELL AN							
	Lease Name	Well No. Pool Name, Including	Formation Kind	i of Lease	Lease No.			
	Breech Location	224 Blanco -Mesa	Verde Stat	e, Federal or Fee	Fed. NM-03733			
	Unit Letter A ;	865 Feet From The North Li	ne and <u>1140</u> F	eet From The East	,			
	Line of Section 13	Township 26 North Range	7 West , NMPM, R	lio Arriba	County			
**	DECICE ACTION OF MULTICOD							
11.	Name of Authorized Transporter of	RTER OF OIL AND NATURAL G						
	į	Oil or Condensate X	Address (Give address to wh	ich approved copy of	this form is to be sent)			
	Shell Pipeline		P.O. Box 1588, Farmington, New Mexico					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which approved copy of this form is to be sent)					
	Gas Company of New Mexico		1508 Pacific Ave.	. Dallas. Te	xas			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When				
	give location of tanks.	A 13 26N 7W	Yes	6-18	_50			
	If this production is commingled	with that from any other lease or pool,						
v.	COMPLETION DATA	with that from any other lease or pool,	give commingling order num	ber: <u>R-5927</u>				
		Oil Well Gas Well	New Well Workover De	epen Plug Back	Same Resty. Diff. Resty.			
	Designate Type of Comple	tion – (X)			Same Heart.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	2-29-58	1-10-59		1	_			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	7342 Top Oil/Gas Pay	698				
	6463 KB	 		Tubing De				
	Perforations	Mesa Verde	4996	495				
			Depth Cas	ing Shoe				
}	4996 to 5146							
}			D CEMENTING RECORD	· · · · · · · · · · · · · · · · · · ·				
- }	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		ACKS CEMENT			
- }	17 1/4"	13 3/8"	117		150			
ļ	12 1/4"	9 5/8"	2997		350			
].	8 3/4"	7''	2920 to 7342		645			
(2 3/8"	6302					
	TEST DATA AND REQUEST OIL WELL		fter recovery of total volume of option of the for full 24 hours)	load oil and must be	equal to or exceed top allow-			
ĺ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pum	p, gas lift, etc.)				
L		•						
- {	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ľ	Actual Prod. During Test	Oil-Bhia.	Water-Bhie	0== 1/2=				

Length of lest	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF
GAS WELL			AUG 2 10.75
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of condensate
389	24 hrs.		DIST. 3
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Gas Company of New May	480	4.00	

VI. CERTIFICATE OF COMPLIANCE

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.					
Charles Verguer					
(Signature)					
Superintendent					
(Title)					

(Date)

7-27-79

OIL CONSERVATION COMMISSION

AUG APPROVED. AMEZ Original Signal has the BY___

TITLE DEPUTY OIL & GAS A

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.

Senerate Forms C-104 must be filed for each pool in multiply